

EDITH SANCHIONI

5/24/1911

Commonwealth of Massachusetts.

No. 37#1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Telgio Edna Sanchini in the Town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>May 24 - 1911</u>	Name of father, <u>Giuseppe Sanchini</u>
Name of child, <u>Edith Lucy Sanchini</u>	Maiden name of mother, <u>Annunziata Carbone</u>
Sex, <u>Female</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>Wh</u>	Occupation of father, <u>Labourer</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Italy</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Italy</u>

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
<u>Annunziata Sanchini</u>	<u>Southborough</u>	<u>Mother</u>

Date, Sept. 21 - 1928

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Recorded Sept 21 - 1928

Ann L. Fairbank Clerk.
 (City or town.)
 Of Southborough Mass.

WALTER ROSSI

10/27/1911

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m (d)-1-41-4695

See reverse side for affidavit.

1 PLACE OF BIRTH <i>Middlesex</i> (County) <i>Southboro</i> (City or Town) <i>Cherry St. Sayville</i>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	 (City or Town making this return)	
2 FULL NAME OF CHILD <i>Shatter Artemis Rossi</i>		AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. Deposition No. <i>#2</i>	
3 Sex <i>M.</i>	4 If plural Births	(a) Twin, triplet or other.	5 Born ALIVE or STILLBORN <i>alive</i>	6 Date of Birth <i>Oct. 28 1911</i> (Month) (Day) (Year)	(If birth occurred in a hospital or institution, give its NAME instead of street and number)
7 FATHER FULL NAME <i>Francis Rossi</i>			13 MOTHER MAIDEN NAME <i>Constantina Labelle</i> PRESENT NAME <i>Constantina Rossi</i>		
8 RESIDENCE, NO. <i>Cherry</i> STREET (At time of birth or adoption) CITY OR TOWN <i>Sayville</i> STATE <i>Mass.</i>			14 RESIDENCE, NO. <i>Cherry</i> STREET (At time of birth or adoption) CITY OR TOWN <i>Sayville</i> STATE <i>Mass.</i>		
9 COLOR OR RACE <i>White</i>	10 AGE AT TIME OF BIRTH OR ADOPTION <i>25</i> (YEARS)	15 COLOR OR RACE <i>White</i>	16 AGE AT TIME OF BIRTH OR ADOPTION <i>22</i> (YEARS)		
11 PLACE OF BIRTH <i>River, near Piacenza</i> (City or Town) <i>Italy</i> (State or Country)	17 PLACE OF BIRTH <i>Porto-Vecchio</i> (City or Town) <i>Italy</i> (State or Country)				
12 OCCUPATION <i>Farmers</i> (At time of birth or adoption)	18 OCCUPATION <i>Housewife</i> (Piacenza) (At time of birth or adoption)				
19 ATTENDANT AT BIRTH OR INFORMANT <i>D. B. Bacon</i> (Name) (Physician, parent or other, etc.)					
ADDRESS NO. ST. <i>Southboro Mass.</i> (City or Town)					
20 Original Return Received (Month) (Day) (Year)			21 Original Record: Vol. Page. No.		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the (City or Town) of (Name of City or Town) in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this day of 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. (Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Antonia Rossi in the Town of Salem,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by.....on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

Relation to child, if any

<u>Mrs Constance Rossi</u>	<u>Green St. South</u>	<u>mother</u>
	<u>Mar</u>	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Record

Date, Feb 24, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Margaret F. M. Deneed

Official designation Natary Public
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Baptismal Certificate

CHURCH OF

St Anne

Southboro, Mass

Name Walter Artemus Rossi

Child of Frank Rossi

and Sebelli Constantino

Born Oct. 27 1911

was Baptized Dec. 20 1911

According to the Rite of the Roman Catholic Church

By Rev. W. B. Fallon

Sponsors { Sous Ramelli
Madeline Rossi

As appears from the Baptismal Register of this Church.

Dated Feb 22 1944

W. R. Brophy

Rector

MARY GAZZOLA

1/4/1912


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50M (B) 5-46 19712

See reverse side for affidavit.

1 PLACE OF BIRTH Worcester (County) Southborough (City or Town)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Southborough (City or Town making this return)	
NO. Sears Road STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No. Deposition No. #1			
2 FULL NAME OF CHILD Mary Gazzola							
3 Sex F 3a Color W	4 If plural Births { (a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN Alive		6 Date of Birth Jan. 4, 1912 (Month) (Day) (Year)			
7 FATHER FULL NAME Vincenzo Gazzola				13 MOTHER MAIDEN NAME Serena Pellizzari PRESENT NAME Serena Gazzola			
8 RESIDENCE, NO. Sears Road STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.				14 RESIDENCE, NO. Sears Road STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.			
9 COLOR OR RACE White		10 AGE AT TIME OF BIRTH OR ADOPTION 38 (Years)		15 COLOR OR RACE White		16 AGE AT TIME OF BIRTH OR ADOPTION 26 (Years)	
11 PLACE OF BIRTH Gosolengo, Italy (City or Town) (State or Country)				17 PLACE OF BIRTH Gosolengo, Italy (City or Town) (State or Country)			
12 OCCUPATION Laborer (At time of birth or adoption)				18 OCCUPATION At Home (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT Dr. Shaw (Name) (Physician, parent or other, etc.) ADDRESS NO. Main ST., Southborough (City or Town)							
20 Original Return Received Jan 5, 1912 (Month) (Day) (Year)				21 Original Record: Vol. 3 Page 23 No. 1			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town of Southborough, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 9th day of March 1948, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							
John J. Rabens (Registrar)							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mary Garzola in the Town of Southborough, (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate (Him or her) on the other side of this blank.

SIGNATURE

His
Vincent X. Garzola

RESIDENCE

(City or town, street and number, if any)

Sears Rd., Southborough, Mass.

Relation to child, if any

Father

Witness to mark:

Francis D. Carr

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Certificate

Date, March 9, 1945

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name

John J. Raber

Official designation

Town Clerk

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

.....*St. Anne's*.....
.....*Southboro, Mass.*.....

This is to Certify

That.....*Mary Gazzola*.....

Child of.....*Gazzola Vincenzo*.....

and.....*Pellizzari Sereva*.....

Born in.....*Southboro, Mass*.....on the

.....*4th*.....day of.....*January 1912*.....was Baptized

on the.....*25th*.....day of.....*February 1912*.....

According to the Rite of the Roman Catholic Church

by the Rev.....*W. B. Fallon*.....

the Sponsors being.....*Paulus Porzelli*.....

and.....*Maria Cassinelli*.....

As appears from the Baptismal Register of this Church.

Dated.....*March 4 1948*.....

.....*Rev. Patrick E. Long*.....Pastor

EGIDIO OTENTI

1/24/1912


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(b)-3-43-11574

See reverse side for affidavit.

1 PLACE OF BIRTH (County) _____ (City or Town) _____				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or Town making this return) _____	
				AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. Deposition No. 16 #2	
NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)							
2 FULL NAME OF CHILD <u>Egidio Otenti, Jr.</u>							
3 Sex <u>M</u> 3a Color _____	4 If plural Births { (a) Twin, triplet or other _____ (b) Number, in order of birth _____	5 Born ALIVE or STILLBORN <u>alive</u>		6 Date of Birth <u>January 24, 1912</u> (Month) (Day) (Year)			
7 FULL NAME FATHER <u>Egidio Otenti</u>				13 MAIDEN NAME MOTHER <u>Rosa Cella</u> PRESENT NAME <u>Rosa Otenti</u>			
8 RESIDENCE, NO. _____ STREET _____ (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>				14 RESIDENCE, NO. _____ STREET _____ (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>			
9 COLOR OR RACE <u>White</u>		10 AGE AT TIME OF BIRTH OR ADOPTION <u>46</u> (Years)		15 COLOR OR RACE <u>White</u>		16 AGE AT TIME OF BIRTH OR ADOPTION <u>35</u> (Years)	
11 PLACE OF BIRTH <u>Parma, Italy</u> (City or Town) (State or Country)				17 PLACE OF BIRTH <u>Parma, Italy</u> (City or Town) (State or Country)			
12 OCCUPATION <u>Laborer</u> (At time of birth or adoption)				18 OCCUPATION <u>housewife</u> (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT _____ (Name) _____ (Physician, parent or other, etc.) ADDRESS NO. _____ ST., _____ (City or Town)							
20 Original Return Received <u>Jan. 25, 1912</u> (Month) (Day) (Year)				21 Original Record: Vol. _____ Page _____ No. _____			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Town</u> of <u>Southborough</u> , in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town) Chapter 46, Section 13, this <u>9th</u> day of <u>November</u> 19 <u>59</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							
						<u>Leslie J. Burke</u> (Registrar)	

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Egidio Uteni, Jr. in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Egidio Uteni Jr</u>	<u>1035 Waverly St</u>	
<u>Gene Uteni</u>	<u>Frammingham Mass</u>	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal certificate

Date, November 9, 1959

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Georgina F Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Saint Anne's Church
Boston Road
Southborough, Massachusetts

Nov. 3, 1959

This will certify that
Egredia Otrante
Born Jan. 24, 1912 son of
Egredia Otrante and
Rosa Chella was
baptized Feb. 12, 1912
The sponsors were
Paul Otrante and
Julia Otrante by
Rev. W. B. Fallon
Rev. Henry J. Murphy
Pastor

ERNEST SEALEY

3/27/1912

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

20W-11-6B-948459

See reverse side for affidavit.

1 PLACE OF BIRTH		Worcester (County)		Southborough (City or Town)		No.		STREET		WARD		Southborough (City or Town making this return)		Registered No. #10		Deposition No. #45 #3	
AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH																	
2 FULL NAME OF CHILD Ernest W. Sealey																	
3 Sex M		4 If plural Births		(a) Twin, triplet or other		5 Total number of children born		6 Date		of Birth March 27, 1912							
3a Color W				(b) Number, in order of birth		alive previous to this birth		of Birth		(Month)		(Day)		(Year)			
7 FULL NAME FATHER William H. Sealey				13 MAIDEN NAME MOTHER Bertha Stanley				PRESENT NAME									
8 RESIDENCE, NO.				STREET				14 RESIDENCE, NO.				STREET					
CITY OR TOWN Southboro				STATE Mass.				CITY OR TOWN Southboro				STATE Mass.					
9 COLOR OR RACE				10 AGE				15 COLOR OR RACE				16 AGE					
11 PLACE OF BIRTH Southboro, Mass.				(City or Town) (State or Country)				17 PLACE OF BIRTH P. E. Islands				(City or Town) (State or Country)					
12 OCCUPATION Automobile Driver				18 OCCUPATION													
19 ATTENDANT AT BIRTH OR INFORMANT J. H. Bacon Physician (Name) (Physician, parent or other, etc.)																	
ADDRESS NO. ST., Southborough, Mass. (City or Town)																	
20 Original Return Received June 20, 1912 (Month) (Day) (Year)										21 Original Record: Vol. 1844 Page 23 No. 10							
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town Southborough (City or Town) (Name of City or Town) Chapter 46, Section 13, this 17th day of January 1912 and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.																	
Paul J. Berry, Town Clerk (Registrar)																	

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

ss.:

County of.....Worcester.....

The undersigned, being duly sworn, depose and say that the record relating to the birth of

William Sealey, Jr. in the Town of Southborough

(Give name of child exactly as recorded on the original record)

(city or town)

(Name of city or town)

does not fully and correctly state.....First Name.....

Item(s).....2....., and that the true statement of facts omitted or incorrectly stated in said record has been supplied by.....him..... on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Ernest W. Sealey

46 River St.

Marlboro

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

School Record verifying first name, by Superintendent of Schools.

Notarized letter stating his efforts in obtaining a copy of his Baptismal record.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by.....him.....are true.

Date, January 17, 1975

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

May 8 1974
Paul Berry
Town Clerk
South Borow Ma

Ernest ^W Sealey
46 River St
Marlboro Ma

Dear Paul

I have had this made
out for two months and
can't understand what's been
keeping me from getting
it to you.

what ever you can
do about my name
correction will be appreciated

There is no rush I
probably will never need
it corrected But you never
can tell.

Truly
Ernest W Sealey

March 5, 1974

To whom it may concern:

I, Ernest W. Sealey, born in Southboro, Massachusetts, on March 27, 1912 and residing at 46 River Street, Marlboro, Mass. do state that I have made an effort to obtain a copy of my baptismal record from the Pilgrim Church in Southboro, Mass. Mrs. Marlene Joe, clerk of the Pilgrim Church told me that the Pilgrim Church does not keep records of baptisms. They do give certificates at baptismal time.

Sincerely,

Ernest W Sealey

State of Massachusetts
County of Middlesex

Then personally appeared the above named and acknowledged the foregoing instrument to be his free act and deed.

Before Me:

My commission expires
December 17, 1976

William H. [Signature]
Notary Public

MARLBORO, MASS. 01752

46 RIVER STREET

E. W. (ERNE) SEALEY

NORTHBOROUGH - SOUTHBOROUGH
Massachusetts

HERBERT C. GEELE
SUPERINTENDENT OF SCHOOLS


RICHARD F. TIBERT
BUSINESS MANAGER

February 21, 1974

To Whom It May Concern:

According to records on file in this office, one Ernest Sealey was registered in the Southboro Public School on September 2, 1919. Date of birth is given as March 27, 1912 and William Sealey is listed as parent.

Sincerely yours,


Herbert C. Geele,
Superintendent of Schools

HCG/evj

RECORDED
TOWN OF SOUTHBOROUGH

FEB 21 1974

TOWN CLERKS OFFICE

RECORDED
TOWN OF SOUTHBOROUGH

FEB 21 1974

TOWN CLERKS OFFICE


ALBERT BALDELLI
8/25/1912

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-4-59-925100

1		PLACE OF BIRTH		Worcester (County)		Southborough (City or Town)				The Commonwealth of Massachusetts JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(City or Town making this return) Registered No. Deposition No. <u>1174</u>			
No.		STREET		WARD		{If birth occurred in a hospital or institution, (give its NAME instead of street and number)}									
2 FULL NAME OF CHILD <u>Albert Baldelli</u>															
3 Sex		4 If plural Births		(a) Twin, triplet or other		5 Born ALIVE or STILLBORN		6 Date		<u>August 25, 1912</u> (Month) (Day) (Year)					
3a Color				(b) Number, in order of birth											
7 FATHER FULL NAME <u>Joseph Baldelli</u>				13 MOTHER MAIDEN NAME <u>Victoria Travalieni</u> PRESENT NAME											
8 RESIDENCE, NO. (At time of birth or adoption)				14 RESIDENCE, NO. (At time of birth or adoption)											
CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>				CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>											
9 COLOR OR RACE <u>White</u>		10 AGE AT TIME OF BIRTH OR ADOPTION		(YEARS)		15 COLOR OR RACE <u>White</u>		16 AGE AT TIME OF BIRTH OR ADOPTION		(YEARS)					
11 PLACE OF BIRTH <u>Italy</u> (City or Town)		17 PLACE OF BIRTH <u>Italy</u> (City or Town)		(State or Country)											
12 OCCUPATION <u>Laborer</u> (At time of birth or adoption)				18 OCCUPATION				(At time of birth or adoption)							
19 ATTENDANT AT BIRTH OR INFORMANT												(Name)		(Physician, parent or other, etc.)	
ADDRESS NO. ST.														(City or Town)	
20 Original Return Received <u>August 29, 1912</u> (Month) (Day) (Year)						21 Original Record: Vol. Page No.									
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the															
<u>Town</u> (City or Town)				of <u>Southborough</u> (Name of City or Town)				in accordance with the provisions of Gen. Laws,							
Chapter 46, Section 13, this <u>18th</u> day of <u>July</u> 19 <u>61</u>								and a copy of these corrections and affidavit							
has been transmitted to the Secretary of the Commonwealth.												<u>Alouana S. Burke</u> (Registrar)			

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of..... Worcester

} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Albert Bardella in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by..... him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Albert Baldella

RESIDENCE

(City or town, street and number, if any)

Pleasant Street, Southborough

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal record

Date, July 18, 1961

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by..... him are true.

Name

Eleonora F. Burke

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne
Southborough, Mass.

— This is to Certify —

That Albert Baldreli
Child of Joseph Baldreli
and Rita Traversi
born in _____

(CITY)

(STATE)

on the 25 day of Aug. 19 12

was **Baptized**

on the 7 day of April 19 18

According to the Rite of the Roman Catholic Church
by the Rev. P. B. Boland

the Sponsors being { A. Barbardora
Laurica Valarda

as appears from the Baptismal Register of this Church.

Dated Apr. 10, '61

Benj Murphy
Pastor



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.

Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That Albert Bardelli
The Son } of Joseph Bardelli
The Daughter }
and Guverni, Rita (Collection in Book)

born in _____ on Aug. 25 1912

CITY
was Baptized on April 7 1918 in the Church of
St. Anne, Southborough
CITY

according to the Rite of the Roman Catholic Church

by Rev. P. H. Boland

Sponsors were A. Barbadora

and Luise Valanda

as recorded in the Baptismal Register of this church.



SEAL OF CHURCH

John O'Thomas Pastor

Date Aug. 14, 1956

Symbol—The fishes, or souls of the faithful, seek Baptism at font, then enter basket, or Church.

PETER BERTONAZZI

1/22/1913

Commonwealth of Massachusetts.

No. 25 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Luzi Smith in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, January 22 - 1913

Name of father, Louis Bertozzi

Name of child, Peter Giovanni Bertozzi

Maiden name of mother, Louis Casimetti

Sex, Male

Residence of parents, Southborough
(at time the birth occurred.)

Color, Wh

Occupation of father, Labors
(at time the birth occurred.)

Condition (twin, &c.),

Birthplace of father, Italy

Place of birth, Southborough

Birthplace of mother, Italy

SIGNATURE.

Louis Bertozzi

RESIDENCE.

(City or town, street and number, if any.)

Southborough

Relation to child, if any.

Father

Date, January 30 - 1925

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Cum L. Fairbanks Clerk.
(City or town.)

Recorded

January 30 - 25

Of

Southborough

Mass.

MARY SILVA

12/23/1913

Southborough

(City or Town making this return)

PLACE OF BIRTH

Worcester

(County)

Southborough

(City or Town)



DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No. #34

Deposition No. #2

No. Cherry

STREET (If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD Mary Silva

3 Sex F

3a Color W

4

If plural
Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Total number of children born

alive previous to this birth

6 Date

December 23, 1913
(Month) (Day) (Year)

7

FULL
NAME

FATHER

John Silva

13

MAIDEN
NAME

MOTHER

Johana Regolli

PRESENT
NAME

Johana Silva

8

RESIDENCE, NO. Cherry STREET

CITY OR TOWN Southborough STATE Mass.

14

RESIDENCE, NO. Cherry STREET

CITY OR TOWN Southborough STATE Mass.

9

COLOR
OR RACE

10

AGE 33 (YEARS)

15

COLOR
OR RACE

16

AGE 32 (YEARS)

11

PLACE
OF BIRTH

(City or Town)

Italy

(State or Country)

17

PLACE
OF BIRTH

(City or Town)

Italy

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

Housewife

19 ATTENDANT AT BIRTH OR INFORMANT

J. Lowell Bacon

(Name)

Physician

(Physician, parent or other, etc.)

ADDRESS NO.

ST.

Southborough, Ma.

(City or Town)

20 Original Return Received

Dec. 27, 1913

(Month)

(Day)

(Year)

21 Original Record: Vol.

1844-1918

Page 26

No. 34

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

(City or Town)

of

Southborough

(Name of City or Town)

in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this 18th day of September 1918 and a copy of these corrections and affidavit
has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry

(Clerk or Registrar)

Town Clerk

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

* On file in this office is a signed statement by Mary Silva of the unobtainable marriage record of Parents.

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mary Giovanina Catharina Silvia in the Southborough Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state Last name, also Father's Last name & Mother's last name.
Item(s) 2, 7 & 13. and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

Mary Silva

RESIDENCE

(City or town, street and number, if any)

41 Woodmere Road

Framingham, Ma.

Relation to child, if any

self

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Certificate of Baptism on file in this office states full name correctly. Last name of Father & Maiden of Mother on brother's birth certificate (Primo Silva, who was born, March 2, 1912) is as follows: John Silva & Johana Regolli.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Date, September 18, 1978

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Received and filed in the office of the townclerk on
October 2, 1978 at 9:00 a.m.

Paul J. Berry, Town Clerk

Sept 28, 1978
Framingham Ma

Town Clerk
Southboro, Ma.

Dear Sir,

I hereby notify you
that my mother and father
were married in Italy and
that their marriage certificate
is not available.

Mary Silva
41 Woodmere Road
Framingham Ma.

Mary Silva
41 Woodmere Road
Framingham Ste. Ma.



Mr. Paell Leroy
Town Clerk
Southboro Ma.

Rec'd 9-28-78

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

Clerk's Office:

The enclosed copy of an amended record is being returned to you for the following (See checked item below).

- () Item # _____ not completed.
- () A copy of the original record cannot be located. Please forward a duplicate and also return the corrected copy.
- () It does not show what written evidence was submitted to support the statement of the deponent.
- () To amend a surname or information regarding parent(s) a marriage record of the parents must be submitted.

The items checked below show information which differs from that appearing on the enclosed copy of the record and our copy of the original record for which no evidence has been submitted. Please check and advise.

- () Given Name (s) _____
- () Surname _____
- () Date of Birth _____
- () Father's Given Name _____
- () Father's Birthplace _____
- () Mother's (first) (maiden) Name _____
- () Mother's Birthplace _____

☒ To make the submitted evidence acceptable, the deponent will have to sign

a statement that his parents were married in a foreign country and that a copy of their marriage record is unobtainable. This method is according to the instruction given in the February, 1970 issue of the Public Recorder. If the parents were married in the U.S., then their marriage record will be necessary.

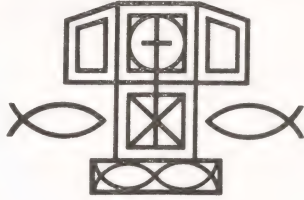
HERBERT E. RISSE, JR.
REGISTRAR OF VITAL RECORDS AND STATISTICS

BY: _____

John Dolan

*Mailed Corrected Statement
Monday - Oct. 2, 1978.*

Certificate of Baptism



CHURCH OF

St Anne
Southboro, Mass.

*** This is to Certify ***

That *Mary Silva*
Child of *John Silva*
and *Johanna Riggolini*
Johanna Regolli
born in _____
on the *15* *23* day of *December* 19*13*

*** Was Baptized ***

on the *1* day of *March* 19*14*

According to the Rite of the Roman Catholic Church

by the Rev. *P. H. Boland*

the Sponsors being *Paul Silva*

and *Mary Sears* as appears

from the Baptismal Register of this Church.

Dated *August 15, 1918*

Cornelius F. O'Seary Pastor.

SAMUEL SANCHIONI

8/21/1914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

20W-11-69-949459

See reverse side for affidavit.

1 PLACE OF BIRTH
 {
 Worcester (County)
 Southborough (City or Town)
 No.



The Commonwealth of Massachusetts
 JOHN F. X. DAVOREN
 SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Southborough
 (City or Town making this return)

Registered No. #18

Deposition No. #1

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

STREET WARD {If birth occurred in a hospital or institution,
 (give its NAME instead of street and number)

2 FULL NAME OF CHILD..... Samuel Leo Sanchioni

3 Sex M 4 W { (a) Twin, triplet or other..... 5 Total number of children born 6 Date
 3a Color W If plural Births (b) Number, in order of birth..... alive previous to this birth..... of Birth August 21, 1914
 (Month) (Day) (Year)

7 FATHER
 FULL NAME
 Gusippi Sanchioni

13 MOTHER
 MAIDEN NAME Lucy Carboni
 PRESENT NAME Lucy Sanchioni

8 RESIDENCE, NO. STREET
 CITY OR TOWN Southville STATE Mass.

14 RESIDENCE, NO. STREET
 CITY OR TOWN Southville STATE Mass.

9 COLOR OR RACE 10 AGE 34 (YEARS)

15 COLOR OR RACE 16 AGE 30 (YEARS)

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer

18 OCCUPATION Housekeeper

19 ATTENDANT AT BIRTH OR INFORMANT W. H. Gane, M.D. Physician
 (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., Ashland, Mass.
 (City or Town)

20 Original Return Received August 24, 1914 21 Original Record: Vol. 1844 - Page 27 No. 18
 (Month) (Day) (Year) 1918

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 16th day of January, 1915, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry
 Paul J. Berry, Town Clerk (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

Saeleoo Leo Sanchioni in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state First Name

Item(s) 2, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by him on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Samuel Leo Sanchioni

22 Atwood Road, Southborough

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Baptismal Certificate

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by him are true.

Date, January 16, 1975

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.



Baptismal Certificate

SAMUEL SANCHIONI

child of Joseph Sanchioni and

Lucia Carboni

born on August 21, 1914

place

was reborn of water and the Holy Spirit as a
child of God at the Sacred font of Baptism

on Sept. 19, 1915 in

St. Anne's Church

20 Boston Rd.

Southboro, Mass. 01772

by the Reverend P. H. Boland

Godfather Marietta and Vincent Baldarelli

Godmother

issued by Philip Santonico pastor date 1/14/75

ANNA MAGUIRE

1/24/1915

Commonwealth of Massachusetts.

No. 44 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Anna Margaret Maguire in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>January 24-1915</u>	Name of father, <u>John T. Maguire</u>
Name of child, <u>Anna Margaret Maguire</u>	Maiden name of mother, <u>Mary Sheehan</u>
Sex, <u>Female</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Teamster</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Marlborough</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Marlborough</u>

SIGNATURE.

Mary Maguire

RESIDENCE.

(City or town, street and number, if any.)

Southborough

Relation to child, if any.

Mother

Date, July 8-1932

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Chas. L. Fairbanks
(City or town.)

Clerk

Recorded July 8-1932

Of

Southborough

Mass.

ELEANOR ROSSI

6/12/1915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-932278

1

PLACE OF BIRTH

Worcester

(County)

Southborough

(City or Town)

No.

STREET

WARD

(If birth occurred in a hospital or institution give its NAME instead of street and number)

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

(City or Town making this return)

Registered No. 2

Deposition No. # 2 450

2 FULL NAME OF CHILD

Eleanor Helen Rose Rossi

3 Sex

F

4

If plural
Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Total number of children born

alive previous to this birth

6 Date

of Birth

June 12, 1915

(Month)

(Day)

(Year)

7

FULL
NAME

FATHER

Peter Rossi

13

MAIDEN
NAME

Angelina Malchiodi

PRESENT
NAME

8

RESIDENCE, NO.

STREET

CITY OR TOWN

Southborough

STATE

Mass.

14

RESIDENCE, NO.

STREET

CITY OR TOWN

Southborough

STATE

Mass.

9

COLOR
OR RACE

White

10

AGE

(YEARS)

15

COLOR
OR RACE

White

16

AGE

(YEARS)

11

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

17

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

(City or Town)

20 Original Return Received

June 16, 1915

(Month)

(Day)

(Year)

21 Original Record: Vol.

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

of

Southborough

(City or Town)

(Name of City or Town)

in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this 19th day of March

19

69

and a copy of these corrections and affidavit

has been transmitted to the Secretary of the Commonwealth.

Eleanor F. Burke

Paul J. Terry

(Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Rosie Ellen Rossie in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state first name

Item(s) 2, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Eleanor Rose Rosso Howe 27 Westmont Rd., Shrewsbury, Mass.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Baptismal Certificate

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her are true.

Date, March 19, 1969

Name Eleonora F. Burke

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25X-11-59-926662

1 PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)
 No. STREET WARD



The Commonwealth of Massachusetts
 JOSEPH D. WARD
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. 2

Deposition No. 2

{(If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD..... Eleanor Helen Rose Rossi

3 Sex **F** 4 (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN 6 Date **June 12, 1915**
 3a Color **W** If plural Births (b) Number, in order of birth..... of Birth..... (Month) (Day) (Year)

7 FATHER
 FULL NAME Peter Rossi

13 MOTHER
 MAIDEN NAME Angelina Malchiodi
 PRESENT NAME

8 RESIDENCE, NO. STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White 10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)

15 COLOR OR RACE White 16 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer
 (At time of birth or adoption)

18 OCCUPATION
 (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received June 16, 1915 (Month) (Day) (Year) 21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 Town of Southborough
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 19th day of March 1919, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Eleanor A. Burke
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Rosie Ellen Rossie in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Eleanor Rose Rossie Howe 27 Westmont Rd Shrewsbury Mass

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal Certificate

Date, March 19, 1969

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

Eleanor S Burke

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southboro, Mass

— This is to Certify —

That Eleanor Helen Rose

Child of Peter Rose

and Angeline Mitchell (Malden)

born in Fairville, Mass
(CITY) (STATE)

on the 10th day of June 1915

was **Baptized**

on the 26th day of December 1915

According to the Rite of the Roman Catholic Church
by the Rev. P. J. Boland

the Sponsors being { Ignace Engle
Madeline Rose

as appears from the Baptismal Register of this Church.

Dated April 20, 1969

Thomas J. Boland
Pastor

THE COMMONWEALTH OF MASSACHUSETTS
JOHN F. X. DAVOREN
SECRETARY OF THE COMMONWEALTH

Clerk's Office:

The enclosed copy of a record is being returned to you for the following reason:

- ☐ Item # _____ not completed.
- ☐ A copy of the original record cannot be located. Please forward a duplicate and also return the corrected copy.
- ☐ It does not show what written evidence was submitted to support the statement of the deponent.
- ☒ In cases of correction of surnames, the written evidence to be submitted in order of preference must be (1) Marriage record of parents, (2) Birth record of father or (3) Copy of port of entry record, if foreign born.
- ☒ To amend information regarding parent(s) either the marriage record or birth record relating to the one about whom information is being amended must be submitted.

The items checked below show information which differs from that appearing on the enclosed copy of the record and our copy of the original record for which no evidence has been submitted to make the change. Please check and advise.

<u>Item No.</u>	<u>Items as they appear on record on file in this office.</u>
2.	Given Name _____
2.	Middle Name _____
<input checked="" type="checkbox"/> 2.	Surname <u>ROSSIE</u>
6.	Date of Birth _____
7.	Father's given Name _____
11.	Father's birthplace _____
<input checked="" type="checkbox"/> 13.	Mother's Maiden Name <u>GIOVINI MILCIODI</u>
17.	Mother's birthplace _____
	Other _____

Edward C. Kloza
Edward C. Kloza
State Registrar of Vital Statistics

HENRY BORELLI

6/27/1915


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(c)-1-45-15510

See reverse side for affidavit.

1 PLACE OF BIRTH		Worcester (County)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or Town making this return)	
1		Southborough (City or Town)				AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No.	
NO.		STREET.		WARD {		(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD		Henry Borelli							
3 Sex <i>M</i>	4 If plural Births	(a) Twin, triplet or other		5 Born ALIVE or STILLBORN		6 Date of Birth		June 27, 1915	
3a Color <i>W</i>		(b) Number, in order of birth		alvie		(Month) (Day) (Year)			
7 FATHER FULL NAME Jim Borelli				13 MOTHER MAIDEN NAME PRESENT NAME Rose Razzi Borelli					
8 RESIDENCE, NO. _____ (At time of birth or adoption)				14 RESIDENCE, NO. _____ (At time of birth or adoption)					
CITY OR TOWN Southborough				CITY OR TOWN Southborough					
STATE Mass.				STATE Mass.					
9 COLOR OR RACE white		10 AGE AT TIME OF BIRTH OR ADOPTION _____ (Years)		15 COLOR OR RACE white		16 AGE AT TIME OF BIRTH OR ADOPTION _____ (Years)			
11 PLACE OF BIRTH Italy		(City or Town) (State or Country)		17 PLACE OF BIRTH Italy		(City or Town) (State or Country)			
12 OCCUPATION farmer		(At time of birth or adoption)		18 OCCUPATION housewife		(At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT Roy S. Morse, .M.D.				(Name) (Physician, parent or other, etc.)					
ADDRESS NO. _____				ST. Ashland, Mass.					
				(City or Town)					
20 Original Return Received July 1, 1915				21 Original Record: Vol. 3 Page 29 No. _____					
(Month) (Day) (Year)									
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the									
Town of Southborough, in accordance with the provisions of Gen. Laws,									
(City or Town) (Name of City or Town)									
Chapter 46, Section 13, this 28th day of July 1915, and a copy of these corrections and affidavit									
has been transmitted to the Secretary of the Commonwealth.									
John J. Raben (Registrar)									

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Andrew Borelli in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

y. Rose Borelli
Damato

mother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

baptismal record

Date, July 28, 1952

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by her are true.

Name

John J. Poberni

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

Saint Anne

Southborough, Mass

— This is to Certify —

That Henry Borelli

Child of Venanzio Borelli

and Rose Pazi

born in Southborough Mass.

(CITY)

(STATE)

on the 27th day of June 1915

was **Baptized**

on the 26th day of November 1916

According to the Rite of the Roman Catholic Church

by the Rev. B. H. Boland

the Sponsors being { John Lazalli
Domenica Berri

as appears from the Baptismal Register of this Church.

Dated July 28, 1952

Thomas J. Markey.
Asst. Pastor

Notations

FIRST COMMUNION

{ Date _____
Church _____
Place _____

CONFIRMATION

{ Date _____
Church _____
Place _____

MARRIAGE(S)

{ Date _____
Church _____
Place _____

SUBDIACONATE

{ Date _____
Church _____
Place _____

RELIGIOUS
PROFESSION

{ Date _____
Order _____
Place _____

GENA DRAGOMANI
9/4/1915

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-4-59-925100

1

PLACE OF BIRTH

(County)

(City or Town)

No.



The Commonwealth of Massachusetts
JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

(City or Town making this return)

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No.

Deposition No. 1044

STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD..... Gena Dragomani

3 Sex F 4 S { (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN 6 Date of Birth Sept. 4, 1915
(b) Number, in order of birth..... (Month) (Day) (Year)

7 FATHER FULL NAME Eudagio Dragomani 13 MOTHER MAIDEN NAME Maria Delprete
PRESENT NAME Maria Dragomani

8 RESIDENCE, NO. Pleasant STREET Southborough STATE Mass. 14 RESIDENCE, NO. Pleasant STREET Southborough STATE Mass.
(At time of birth or adoption) (At time of birth or adoption)

9 COLOR OR RACE White 10 AGE AT TIME OF BIRTH OR ADOPTION 33 (YEARS) 15 COLOR OR RACE White 16 AGE AT TIME OF BIRTH OR ADOPTION 30 (YEARS)

11 PLACE OF BIRTH Italy 17 PLACE OF BIRTH Italy
(City or Town) (State or Country) (City or Town) (State or Country)

12 OCCUPATION Laborer 18 OCCUPATION Housewife
(At time of birth or adoption) (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT..... J. Lowell Bacon
(Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., Southborough
(City or Town)

20 Original Return Received Sept. 7, 1915 21 Original Record: Vol. Page No.
(Month) (Day) (Year)

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Southborough Town of Southborough, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 19th day of October, 1960, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Edward J. Burke
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Gena Dragomani in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Gena Dragomani Pierre

RESIDENCE
(City or town, street and number, if any)

6 Floral Avenue
Natick, Mass.

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record - attached

Date, October 19, 1960

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true

Name

Edward J. Burke

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Certificate of Baptism



Church of

St. Anne
Southboro, Mass.

— This is to Certify —

That Gyza Dragomani
Child of Guidagio Dragomani
and Maria Helfrath

born in _____ (CITY) _____ (STATE)
on the 4th day of Sept. 19 15

was **Baptized**
on the 9 day of July 19 16

According to the Rite of the Roman Catholic Church
by the Rev. A. J. Bolcman

the Sponsors being { Louis Bertoneggi
Augusta Renzi

as appears from the Baptismal Register of this Church.

Dated Sept. 24, 1960

Henry Murphy
Pastor

FLORENCE ROSSI

9/21/1916

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(h)-3-43-11574

See reverse side for affidavit.

1 PLACE OF BIRTH
 {
Worcester
 (County)
Southborough
 (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. #1NO. STREET. WARD { (If birth occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME OF CHILD Florence Rossi

3 Sex F 4 { (a) Twin, triplet or other _____ 5 Born ALIVE or STILLBORN _____ 6 Date Sept. 21 1916
 3a Color W If plural Births { (b) Number, in order of birth _____ Alive of Birth (Month) (Day) (Year)

7 FATHER FULL NAME Peter Rossi 13 MOTHER MAIDEN NAME Angelina Mitchell
 PRESENT NAME Angeline Rossi

8 RESIDENCE, NO. Cherry STREET Cherry STREET
 (At time of birth or adoption) (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass. CITY OR TOWN Southborough STATE Mass.

9 COLOR White 10 AGE AT TIME OF BIRTH 45 (Years) 15 COLOR White 16 AGE AT TIME OF BIRTH 39 (Years)
 OR RACE OR ADOPTION OR RACE OR ADOPTION

11 PLACE OF BIRTH Italy 17 PLACE OF BIRTH Italy
 (City or Town) (State or Country) (City or Town) (State or Country)

12 OCCUPATION Laborer 18 OCCUPATION Housewife
 (At time of birth or adoption) (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Lowell Bacon Physician
 (Name) (Physician, parent or other, etc.)
 ADDRESS NO. Laticquama ST. Southborough, Mass.
 (City or Town)

20 Original Return Received Sept. 22 1916 21 Original Record: Vol. 3 Page 31 No. 22
 (Month) (Day) (Year)

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 23rd day of October 1917, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

John J. Rabery
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Name was omitted in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

<u>Angelina Bossi</u>	<u>Cherry St. Southborough</u>	<u>Mother</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Certificate of Baptism

Date, October 23, 1947

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by her are true.

Name John J. Baber

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southboro, Mass.

This is to Certify

That.....*Florence Rossi*.....

Child of.....*Peter Rossi*.....

and.....*Angelina Mitchell*.....

Born in.....*Fayville, Mass.*.....on the

.....*21*.....day of.....*Sept*.....19*16*.....was Baptized

on the.....*7*.....day of.....*April*.....19*18*.....

According to the Rite of the Roman Catholic Church

by the Rev.....*P. H. Boland*.....

the Sponsors being.....*Paul Otenti*.....

and.....*Maria Trioli*.....

As appears from the Baptismal Register of this Church.

Dated.....*Sept. 13, 1947*.....

.....*Rev. Patrick E. Long*.....Pastor



Going therefore, teach ye all nations; baptizing
them in the name of the Father, and of the
Son, and of the Holy Ghost.

Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That Flavence Rossi
The Son } of Peter Rossi
The Daughter } and Angelina Mitchell

born in _____ on Sept 21 1916

CITY

was Baptized on April 7 1918 in the Church of

St. Anne, Smithtown
CITY

according to the Rite of the Roman Catholic Church

by Rev. P. H. Boland

Sponsors were Paul Otenti

and Maria Trish

as recorded in the Baptismal Register of this church.



SEAL OF CHURCH

John D. Thomas Pastor
and

Date Aug 14, 1956

Symbol—The fishes, or souls of the faithful, seek Baptism at
font, then enter basket, or Church.

GENA BALDELLI

2/13/1916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

Form R 7-20M-9-76-129091

PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)
 No. Cordaville Road



The Commonwealth of Massachusetts

Southborough

(City or Town making this return)

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No. #4

Deposition No. #2

No. Cordaville Road STREET { (If birth occurred in a hospital or institution,
 give its NAME instead of street and number)
 Gena Clara Baldelli

2 FULL NAME OF CHILD

3 Sex F 4 { (a) Twin, triplet or other..... 5 Total number of children born 6 Date Feb. 13, 1916
 3a Color W If plural Births (b) Number, in order of birth..... alive previous to this birth..... of Birth
 (Month) (Day) (Year)

7 FATHER
 FULL NAME Eugenio Baldelli

13 MOTHER
 MAIDEN NAME Fermina Serfilippe
 PRESENT NAME Fermina Baldelli

8 RESIDENCE, NO. Cordaville Rd. STREET
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. Cordaville Rd. STREET
 CITY OR TOWN Southborough STATE Mass.

9 COLOR - 10 AGE - (YEARS)

15 COLOR - 16 AGE - (YEARS)

11 PLACE OF BIRTH Orciano Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Sancostanza Italy
 (City or Town) (State or Country)

12 OCCUPATION Gardner

18 OCCUPATION -

19 ATTENDANT AT BIRTH OR INFORMANT A.W. Jackson Physician
 (Name) (Physician, parent or other, etc.)
 ADDRESS NO. Southborough, Mass.
 ST. (City or Town)

20 Original Return Received Jan. 2, 1917 (Month) (Day) (Year)
 21 Original Record: Vol. 1908- Page 31 No. #4
 1918

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 Town Southborough
 (City or Town) of (Name of City or Town)
 Chapter 46, Section 13, this 20th September 1917, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry (Clerk or Registrar) Town Clerk

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Genia Josephine Badelli in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state Spelling of first & last name. Middle name is different. Also father's first & last name is incorrect.
Item(s) 2 & 7, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

Gena Clara Baldelli

RESIDENCE

(City or town, street and number, if any)

178 Cordaville Road

Relation to child, if any

Self

Southborough, Ma.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Full name on Baptismal Certificate is Gena Clara Baldelli.

First & last name of father on brother's birth certificate (Henry Dominic Baldelli) who was born on October 20, 1914 is spelled Eugenio Baldelli. Notarized statement on the unavailability of parents marriage record on file.

Then personally appeared before me the person whose signature appear above and made oath

that the statements subscribed to by her are true.

Date, September 20, 1977

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

see Henry Baldelli 10/20/17



Baptismal Certificate

_____ Gena Clara Baldelli _____

child of _____ Eugenio Baldelli _____ and

_____ Fermina Serfilippe _____

born on _____ February 13, 1916 _____

place _____

*was reborn of water and the Holy Spirit as a
child of God at the Sacred font of Baptism*

on _____ October 22, 1916 _____ in

_____ St. Anne's Church
20 Boston Rd. _____ Southboro, Mass. 01772

by the Reverend _____ P. Boland _____

Godfather _____ Gaetano Pensalfini _____

Godmother _____ Madielena Rossi _____

issued by Philip Santoro Date Sept. 20, 1977

COMMONWEALTH OF MASSACHUSETTS

Worcester, ss.

February 23, 1978

Before me, the undersigned authority, on this day personally appeared Gena Clara Baldelli Monfalcone of Southborough, Massachusetts, to me personally known and being duly sworn declares and says that

1. Birth records of the Town of Southborough incorrectly give the proper names of her parents and also her name;
2. She was born on February 13, 1916 and her proper name should be Gena Clara Baldelli;
3. Her father's name was Eugenio Baldelli and her mother's maiden name was Fermina Serfilippi;
4. Her parents were married on November 16, 1912 and believed to have been married in the state of New York;
5. In order to produce evidence of the marriage and to correct above errors, she has made inquiries and requested a search of the marriage records from the proper agencies of New York City, the Bronx, Staten Island and Albany.
6. All the above offices reported that there were no available records;
7. She is unable to locate a record of the marriage and does not have any further evidence in her possession.

Gena Clara Baldelli Monfalcone
Gena Clara Baldelli Monfalcone

Subscribed and sworn to this 23rd day of February, 1978

Before me

Eleonora F. Burke
Eleonora F. Burke, Notary Public

My commission expires May 26, 1978



OFFICE OF THE
TOWN CLERK
SOUTHBOROUGH, MASSACHUSETTS 01772
485-2934

HOURS
MON. THRU FRI. 1:00 - 5:00
TUES. EVE. 7:30 - 8:30

February 27, 1978

Commonwealth of Massachusetts
Department of Public Health
Registry of Vital Records and Statistics
Room 107 McCormack Building
Boston, Ma. 02108

Dear Mr. Dolan:

Enclosed are the following; "Affidavit and correction of a record of Birth", Gena Clara Baldelli, born Feb. 13, 1916, also, a certified copy of a sworn statement on file in this office by Gena Clara (Baldelli) Bonfalcone, on the unavailability of her parents marriage record.

The statement was requested by you for additional evidence.

Yours truly,

Paul J. Berry
Paul J. Berry
Town Clerk

PJB/ccm
Encl's

ANNIE GENNARI

3/10/1916

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
**AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH**

C H I L D	PLACE OF BIRTH	1A. COUNTY WORCESTER	2A. CITY/TOWN MAKING RETURN SOUTHBOROUGH			
		1B. CITY/TOWN SOUTHBOROUGH	2B. REGISTERED NUMBER OT			
		1C. FACILITY NAME—IF NOT IN FACILITY, NUMBER AND STREET —		2C. DEPOSITION NUMBER #3A		
M O T H E R	NAME: 3A. FIRST ANNIE		3B. MIDDLE —		3C. LAST GENNARI	
	4A. SEX F	5A. PLURALITY (Specify Single, Twin, etc.) —	5B. BIRTH ORDER (If not single, Specify Order: First, Second, etc.) —	6A. TIME M	6B. DATE OF BIRTH (Month, Day, Year) March 10, 1916	
	4B. COLOR W					
F A T H E R	NAME: 7A. FIRST MODESTA		7B. MIDDLE —		7C. LAST GENNARI	
	BIRTHPLACE Bettola (Piacenza)		8A. CITY/TOWN Italy		8B. STATE / COUNTRY —	
	RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address) Southborough		11B. CITY/TOWN Mass.		11C. COUNTY —	
C E R T I F I E R	NAME: 13A. FIRST Luigi		13B. MIDDLE —		13C. LAST Gennari	
	BIRTHPLACE Lugagnano Val d'Arda (Piacenza)		15A. CITY/TOWN Italy		15B. STATE/COUNTRY —	
	18A. TYPE <input type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY		18B. TITLE <input type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH. RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER			
C E R T I F I E R	19. NAME A.W. Jackson, M.D.				19A. LICENSE NUMBER —	
	20A. NO. & STREET —		20B. CITY/TOWN Southborough		20C. STATE Mass.	
	20D. ZIP CODE —					
C E R T I F I E R	21. DATE OF ORIGINAL RECORDING: January 2, 1917		22. ORIGINAL RECORD: Vol. 1844 Page 31 No. 7 1918		23. DPH USE ONLY —	
	24. The above corrections with reference to the statement on the reverse of this form have been entered upon the birth records of the City/Town of Southborough in accordance with the provisions of General Laws, Ch. 46, on June 15, 1994 and an attested copy of this form sent to the Commissioner of Public Health on June 15, 1994 . (Month, Day, Year) (Month, Day, Year)					
	<i>Paul J. Berry</i>					

AFFIDAVIT

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED
BY WRITTEN EVIDENCE (M.G.L. CHAP. 46)

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of ANNIE GENARI born in the city or town of SOUTHBOROUGH
(Give name of child exactly as recorded on the original record)

 does not fully and/or correctly state data regarding the
Last name of ☒ Child, ☒ Mother, ☒ Father, ☐ Certifier,
(i.e., name, age, race, etc.)
☒ Other Parents place of birth.

DEPONENT NAME

RESIDENCE

RELATION TO CHILD/TITLE

Annie Buccchino

23 CENTRAL ST.
MARLBORO
MASS.

SELF

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:

Attested copy of Certificate of Baptism of Annie Gennari.

Attested copy of Marriage record of Father, Luigi Gennari and Mother, Modesta Grilli, stating their place of Birth.

Attested copy of Mother and Fathers birth certificates.

THEN personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

x Date: June 15, 1994
(Month, Day, Year)

x Name:

Annie Buccchino

Official Designation:

Paul J. Berry
(City or town clerk, assistant clerk, registrar, or notary)
PAUL J. BERRY, TOWN CLERK

Certificate of Baptism



Church of

St Anne
SOUTHBORO, MA

— This is to Certify —

That ANNIE GENNARI
Child of LUIGI GENNARI
and MODESTA GRILLI
born in FAYVILLE MA
(CITY) (STATE)
on the 9th day of MARCH 1916

was **Baptized**

on the — day of April 1916

According to the Rite of the Roman Catholic Church
by the Rev. P. H. BOLAND

the Sponsors being { CLARA ZUCCHI
DOMENIC BERRI

as appears from the Baptismal Register of this Church.

Dated JUNE 6, 1914

Therese F. Miller
Pastor

Baptismal Certificate

CHURCH OF

St Anne

Southboro

Name Annie Genari

Child of Louis Genari

and Modestia Genari

Born Mar 9 1916

was Baptized April

I

According to the Rite of the Roman Catholic Church

By Rev. P. H. Boland

Sponsors

Anna Zuschi

Domenic Berra

As appears from the Baptismal Register of this Church.

Dated Dec 16 1941

W. R. Brophy

Rector

This record was not
in the book but was sworn to by mother + god-mother

COMUNE DI MORFASSO

PROVINCIA DI PIACENZA

CERTIFICATO DI MATRIMONIOIl sottoscritto *Ufficiale dello Stato Civile***CERTIFICA**che dal registro degli atti di matrimonio dell'anno mille novecento-
diecial N. 1 Parte = Serie = risulta che nel giorno NOVE
del mese di GENNAIO mille NOVECENTO-
DIECI1) GENNARI LUIGInato in Lugagnano il di anni quarantuno2) GRILLI MODESTAnata in Bettola il di anni trentaduehanno contratto matrimonio in MORFASSO.Il presente certificato si rilascia in carta libera per uso assistenza.li 30 marzo 19 93

L' Ufficiale dello Stato Civile

UFFICIALE DI STATO CIVILE DELEGATO



Comune di Lugagnano Val d'Arda

Provincia di Piacenza

CERTIFICATO DI NASCITA

Il sottoscritto, Ufficiale dello Stato Civile, Certifica che dal
Registro degli atti di nascita di questo Comune, dell'anno mille ottocento
sessantotto

al N. 162 Parte = Serie = Volume Unico

risulta che:

G E N N A R I

L U I G I

è nat. o nel giorno Ventinove

del mese di Luglio dell'anno Milleottocento-
sessantotto

in

Lugagnano Val d'Arda

Il presente certificato si rilascia in carta libera per uso amm.vo

li - 2 APR. 1993 19



L'Ufficiale dello Stato Civile

UFFICIALE DI STATO CIVILE



COMUNE DI BETTOLA

PROVINCIA DI PIACENZA



CERTIFICATO DI NASCITA

Il sottoscritto Ufficiale dello Stato Civile, certifica che dal Registro degli **Atti di Nascita** di questo Comune dell'anno (1 877) al N. 72

Parte I^o Serie risulta che

GRILLI MODESTA

è nato nel giorno TREDICI

del mese di MAGGIO dell'anno mille OTTOCENTOSETTANTASETTE

(1 877)

in BETTOLA (Piacenza)

figlia di Giacomo e Ferrari Giovanna

Il presente si rilascia in carta libera
~~da bollo~~ per gli usi consentiti dalla

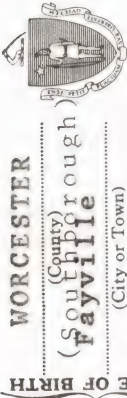
Legge

BETTOLA, il 30 marzo 1993

L'Ufficiale dello Stato Civile

Il Compilatore





WORCESTER

(County of Southborough)
Fayville

(City or Town)

DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTHSOUTHBOROUGH
(City or Town making this return)

Registered No. 07

Deposition No. #3

No.

STREET

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Annie Genari

3 Sex F

(a) Twin, triplet or other

(b) Number, in order of birth

5 Total number of children born alive previous to this birth

6 Date Mar, 10, 1916
(Month) (Day) (Year)

7 FULL NAME

Luigi Genari

FATHER

13 MAIDEN NAME
PRESENT NAME
Modesta Grilli
Modesta Genari

MOTHER

8

RESIDENCE, NO. STREET

(Southborough)

CITY OR TOWN Fayville STATE Mass.

14 RESIDENCE, NO. STREET

(Southborough)

CITY OR TOWN Fayville STATE Mass.

9

COLOR OR RACE

10

AGE (YEARS)

16

COLOR OR RACE AGE (YEARS)

11

PLACE OF BIRTH

Genoa

(City or Town)

Italy

(State or Country)

17 PLACE OF BIRTH

Genoa

(City or Town)

Italy

(State or Country)

12

OCCUPATION

Laborer

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT A.W. Jackson, M.D.
(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST., Southborough
(City or Town)

20

Original Return Received January 2, 1917
(Month) (Day) (Year)21 Original Record: Vol. 1844 - Page 31 No. 7
(City or Town)

22

The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

Southborough
(Name of City or Town)

in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this 13th day of May

19 82 and a copy of these corrections and affidavit

has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry (Clerk or Registrar) Town Clerk

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON - THIS IS A PERMANENT RECORD

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of **WORCESTER** } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of **Annie Genari** in the **Town** of **Southborough**

(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state **Mothers FIRST & LAST name.**

Item(s) **(13)**, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by **her** on the form of certificate on the other side of this blank. (him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Annie Rueckard

23 Lexington Ave, Southborough

2008

23

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: **Attested Copy of Birth Certificate of Mother, which is on file in this office.**

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by **her** are true.

Date, **May 14, 1982**

Name

Paul J. Berry

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING



COMUNE DI BETTOLA

PROVINCIA DI PIACENZA

CERTIFICATO DI NASCITA

Il sottoscritto Ufficiale dello Stato Civile, certifica che dal Registro degli
ATTI DI NASCITA di questo Comune, dell'anno (1 877)

al N 72 Parte I^o Serie == risulta che

GRILLI MODESTA

E' NATO nel giorno TREDICI

del mese di MAGGIO dell'anno mille OTTOCENTOTTANTASETTE

(1 887)

in BETTOLA (PIACENZA)

figlia di fu Giacomo e di fu Ferrari Giovanna

Il presente certificato si rilascia in carta libera per

uso amministrativo

Bettola, li 9 febbraio 1973



L'UFFICIALE DELLO STATO CIVILE

(Giulio Costa)

Tip. Baldini - Bettola

A true copy:
Attest:
Paul J. Harris - Town Clerk

REGISTRY PERSONNEL COMPLETING THIS FORM: h. E. Russer


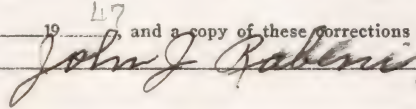
JOHN DAVIS
3/24/1917

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(b)-3-43-11574

See reverse side for affidavit.

1 PLACE OF BIRTH (County) _____ (City or Town) _____		 <p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p> <p>AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH</p>		(City or Town making this return)	
NO. STREET. WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)				Registered No. Deposition No. #1	
2 FULL NAME OF CHILD <u>John Augustus Davis</u>					
3 Sex <u>M</u>	4 If plural Births { (a) Twin, triplet or other _____ (b) Number, in order of birth _____	5 Born ALIVE or STILLBORN <u>Alive</u>		6 Date <u>March 24 1917</u> (Month) (Day) (Year)	
3a Color _____					
7 FATHER FULL NAME <u>William North Davis</u>			13 MOTHER MAIDEN NAME <u>Eva B. Landry</u> PRESENT NAME <u>Eva B. Davis</u>		
8 RESIDENCE, NO. <u>Lyman</u> STREET _____ (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>			14 RESIDENCE, NO. <u>Lyman</u> STREET _____ (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>		
9 COLOR <u>White</u>		10 AGE AT TIME OF BIRTH OR ADOPTION <u>37</u> (Years)		15 COLOR <u>white</u>	
11 PLACE OF BIRTH <u>Lewiston</u> <u>Maine</u> (City or Town) (State or Country)		16 AGE AT TIME OF BIRTH OR ADOPTION <u>30</u> (Years)		17 PLACE OF BIRTH <u>Marlborough</u> <u>Mass.</u> (City or Town) (State or Country)	
12 OCCUPATION <u>United Shoe Machine Agent</u> (At time of birth or adoption)			18 OCCUPATION <u>at home</u> (At time of birth or adoption)		
19 ATTENDANT AT BIRTH OR INFORMANT <u>Clyde Merrill M. D.</u> (Name) (Physician, parent or other, etc.) ADDRESS NO. <u>Mechanic</u> ST. <u>Marlborough, Mass.</u> (City or Town)					
20 Original Return Received <u>March 24 1917</u> (Month) (Day) (Year)			21 Original Record: Vol. <u>3</u> Page <u>33</u> No. <u>7</u>		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Southborough</u> of <u>Southborough</u> , in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <u>16th</u> day of <u>August</u> 19 <u>17</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					
 (Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of John Davis in the Town of Southboro,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

William N. Davis

RESIDENCE

(City or town, street and number, if any)

Main St Southboro Father

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Baptismal record

Date, August 16, 1947

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by him are true.

Name

John J. Raberri

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

In the Name of the Father and of
the Son and of the Holy Ghost Amen

This certifies that

John Augustus Davis
received the Sacrament
of

Holy Baptism

in St. Marks Church Southborough
in the Diocese of Massachusetts
on Nov. 1, A.D. 1925

William North Davis

Eva Belle Davis

} Parents

Robert M. Burnett

Helen Burnett

William N. Davis

} Sponsors

Born Southborough, March 24, 1917

Robert Francis Cheney



TERRANCE MAGUIRE

12/30/1917

Commonwealth of Massachusetts.

No. 42 #3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Terrence John Maguire in the town of Southborough,
(Name of child.) (City or town.) (Name of city or town.)
does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, December 30 1917

Name of child, Terrence John Maguire

Sex, Male

Color, White

Condition (twin, &c.),

Place of birth, Southborough

Name of father John T Maguire

Maiden name of mother, Mary Sheehan

Residence of parents, Southborough
(at time the birth occurred.)

Occupation of father, Teamster
(at time the birth occurred.)

Birthplace of father, Marlborough

Birthplace of mother, Marlborough

SIGNATURE.

Mary S Maguire

RESIDENCE.

(City or town, street and number, if any.)

Sean Road - Southborough

Relation to child, if any.

Mother

Date, Jun 27 - 1932

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by are true.

Recorded

June 27 - 32

Chas. L. Faulkner Clerk.
(City or town.)

Of

Southborough

Mass.

PHYLLIS PENDLETON

6/19/1917

PLACE OF BIRTH
 WORCESTER
 (County)
 SOUTHBOROUGH
 (City or Town)



DIVISION OF VITAL STATISTICS
 AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH

Registered No. #21
 #4
 Deposition No.

No. STREET {If birth occurred in a hospital or institution,
 (give its NAME instead of street and number)

Phyllis Pendleton

2 FULL NAME OF CHILD.....

3 Sex: Wh. 4 { (a) Twin, triplet or other..... 5 Total number of children born 6 Date
 3a Color If plural Births (b) Number, in order of birth..... alive previous to this birth..... of Birth June 19, 1917
 (Month) (Day) (Year)

7 FATHER
 FULL NAME Herbert Pendleton

13 MOTHER
 MAIDEN NAME Vera Harding
 PRESENT NAME Vera Pendleton

8 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough STATE Mass.

9 COLOR White 10
 OR RACE AGE (YEARS)

15 COLOR White 16
 OR RACE AGE (YEARS)

11 PLACE Southborough, Mass.
 OF BIRTH (City or Town) (State or Country)

17 PLACE Southborough, Mass.
 OF BIRTH (City or Town) (State or Country)

12 LABORER
 OCCUPATION

18
 OCCUPATION -----

19 ATTENDANT AT BIRTH OR INFORMANT J. Lowell Bacon Physician
 (Name) (Physician, parent or other, etc.)

ADDRESS NO, ST., Southborough, Mass.
 (City or Town)

20 Original Return Received September 1, 1917
 (Month) (Day) (Year)

21 Original Record: Vol. 1844- Page 33 No. 21
 1918

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 Town of Southborough in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)
 Chapter 46, Section 13, this 12th day of March, 1917, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry

(Clerk or Registrar) Town Clerk

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
 TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of WORCESTER } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Phylis Pendleton in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state First name

Item(s) 2, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

160 Woodland Rd.,
Southborough, Ma. 01772

Mother

Vera G. Pendleton

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Certificate of Baptism on file.

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her are true.

Date, March 12, 1979

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK--THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20M-11-29. No. 7182-E

1 PLACE OF BIRTH Worcester (COUNTY) Southborough (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Southborough (CITY OR TOWN MAKING THIS RETURN)	
NO.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <i>Phyllis Pendleton</i>					
3 Sex <i>Fe.</i> 4 <i>a</i> Twin, triplet or other		5 Born ALIVE or STILLBORN <i>alive</i>		6 Date of Birth <i>June 19, 1917</i>	
3a Color <i>Wh</i> If plural Births <i>b</i> Number, in order of birth					
7 FATHER FULL NAME <i>Herbert Pendleton</i>			13 MOTHER MAIDEN NAME <i>Vera Harding</i> PRESENT NAME <i>Vera Pendleton</i>		
8 RESIDENCE, No. STREET			14 RESIDENCE, No. STREET		
CITY OR TOWN <i>Southborough</i> STATE <i>Mass.</i>			CITY OR TOWN <i>Southborough</i> STATE		
9 COLOR OR RACE <i>White</i>		10 AGE AT LAST BIRTHDAY		16 AGE AT LAST BIRTHDAY	
11 PLACE OF BIRTH <i>Southborough</i>		17 PLACE OF BIRTH <i>Southborough</i>			
(CITY OR TOWN) (STATE OR COUNTRY)		(CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <i>Laborer</i>			18 OCCUPATION		
19 SIGNATURE OF ATTENDANT AT BIRTH <i>9 Annie Sam</i>			(NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No.			STREET <i>Southborough</i>		
			(CITY OR TOWN)		
20 Original return received <i>September 1, 1917</i>			21 Original Record: Vol. Page No.		
(Month) (Day) (Year)					
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <i>Town</i> of <i>Southborough</i> , in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <i>August</i> day of <i>19</i> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					
Is correction made under provisions of Chap. 281, Acts of 1925? <i>See 15 and 16</i>					
(Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Phyllis Pendleton in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Vera B. Pendleton

Southborough

Mother

FURTHER, The evidence submitted to substantiate the affidavit was:

Is correction made under the provisions of Chap. 281 of the Acts of 1925?.....

Date,.....

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

Arthur T. Smith

Official designation

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, whether by adoption through legal procedure, or by common usage, cannot be the basis for an amendment or correction of the original record.

In the Name of the Father and of
the Son and of the Holy Ghost Amen

This certifies that

Phyllis Penoletoy
received the Sacrament
of

Holy Baptism

in St. Mark's Church, South Norwold

in the Diocese of Massachusetts

on April 16th A.D. 1947

Herbert P. Penoletoy

Vera G. Penoletoy

Mary L. Trause

Waldo A. Richardson

Alice Richardson

Born Fairville, Mass. June 19, 1917

Robert Francis Sheehan



Mailed May 22, 1979.

ANTHONY CORRINE


5/19/1918

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B. This form is not necessary in the return of births received prior to the last day
for transmittal of annual returns to this office.

See reverse side for affidavit.

25m. 9-37. No. 1859-d.

1 PLACE OF BIRTH Worcester (COUNTY) Sattleburgh (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Sattleburgh (CITY OR TOWN MAKING THIS RETURN)	
NO. Framingham Rd. STREET				Registered No. _____ Deposition No. #1	
2 FULL NAME OF CHILD <u>Autlay Corinne</u>					
3 Sex <u>m</u>	4 <u>m</u> If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>May 19, 1918</u> (MONTH) (DAY) (YEAR)	
3a Color <u>w</u>		(b) Number, in order of birth			
7 FATHER FULL NAME <u>Stephen Corinne</u>			13 MOTHER MAIDEN NAME <u>Carmella Schella</u> PRESENT NAME <u>Carmella Tammara</u>		
8 RESIDENCE, NO. <u>Framingham</u> STREET CITY OR TOWN <u>Sattleburgh</u> STATE <u>Mass</u>			14 RESIDENCE, NO. <u>Framingham</u> STREET CITY OR TOWN <u>Sattleburgh</u> STATE <u>Mass</u>		
9 COLOR OR RACE <u>White</u>		10 AGE AT LAST BIRTHDAY <u>46</u> (YEARS)		15 COLOR OR RACE <u>White</u>	
11 PLACE OF BIRTH <u>Prov. of Cambrassa Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY <u>30</u> (YEARS)		17 PLACE OF BIRTH <u>Prov. of Cambrassa Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION <u>Labourer</u>			18 OCCUPATION <u>Housewife</u>		
19 ATTENDANT AT BIRTH OR INFORMANT <u>Dr. J. Lowell Bacon</u> (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS NO. <u>Satisquama Rd.</u> STREET <u>Sattleburgh, Mass.</u> (CITY OR TOWN)					
20 Original return received _____ (Month) (Day) (Year)			21 Original Record: Vol. <u>3</u> Page <u>35</u> No. <u>16</u>		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Tom</u> of <u>Sattleburgh</u> (City or town) (Name of city or town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <u>22nd</u> day of <u>January</u> 19 <u>44</u> and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. <u>Charles L. Fairbanks</u> (Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester

SS.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Nicola Celli in the Town of Southborough.
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

(Her X cross)

74 Neil St. - Marlboro

Mother

FURTHER, The written evidence submitted to substantiate the affidavit was:

First School record

Date, January 15, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Margaret T. McNamee

Official designation Notary Public
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

T. JOSEPH MCCOOK, SUPERINTENDENT

OFFICE HOURS:

8:30-9 A. M. DAILY 4-5 TUES. AND THURS.

4-4:30 MON. AND WED. 7-9 TUES. EVENING

TELEPHONE 55

City of Marlborough, Massachusetts

OFFICE OF SCHOOL DEPARTMENT

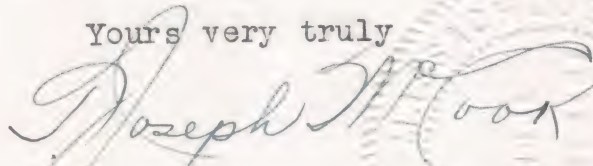
HIGH SCHOOL BUILDING

January 14, 1944

TO WHOM IT MAY CONCERN:

According to the records of the
Marlborough School Department ANTONIO CORINNE, born
May 19, 1918, attended the public schools of Marlborough
from September, 1923 through June, 1934.

Yours very truly

A handwritten signature in dark ink, reading "Joseph McCook". The signature is fluid and cursive, with the first name "Joseph" and last name "McCook" clearly legible. It is positioned above the printed title "Superintendent of Schools".

Superintendent of Schools

O'M

ELIZABETH ROSSI

9/16/1918

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-93278

1

PLACE OF BIRTH

Worcester

(County)

Southborough

(City or Town)

No.

STREET

WARD

{(If birth occurred in a hospital or institution,
give its NAME instead of street and number)AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Southborough

(City or Town making this return)

Registered No. 1

Deposition No. 2 #31

2 FULL NAME OF CHILD

Elizabeth Augustina Rossi

3 Sex F

4

If plural
Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Total number of children born

alive previous to this birth

6 Date

of Birth September 16, 1918

(Month) (Day) (Year)

7

FULL
NAME

FATHER

Peter Rossi

13

MAIDEN
NAME

MOTHER

Angelina Malchiodi

PRESENT
NAME

8

RESIDENCE, NO.

STREET

CITY OR TOWN

Southborough Mass.

STATE

14

RESIDENCE, NO.

STREET

CITY OR TOWN

Southborough Mass.

STATE

9

COLOR
OR RACE

White

10

AGE (YEARS)

11

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

15

COLOR
OR RACE

White

16

AGE (YEARS)

17

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

(City or Town)

20 Original Return Received

Sept. 17, 1918

(Month)

(Day)

(Year)

21 Original Record: Vol.

Page 36

No. 26

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

(City or Town)

of

Southborough

(Name of City or Town)

in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this 19th day of March

19 69

and a copy of these corrections and affidavit

has been transmitted to the Secretary of the Commonwealth.

Cecilia F Burke

(Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Viola Rossi in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state first name, middle name and maiden name
of mother

Item(s) 2 and 13, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Elizabeth Augustina Rossi
Baldwin 114 Cherry St

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Baptismal certificate. On file a true attest letter
from priest and a photostate copy of a true attest of
mother's birth certificate.

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her are true.

Date, March 19, 1969

Name

Eleanor F Burke

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southborough, Mass.

— This is to Certify —

That Elizabeth Augustina Rossi

Child of Pietro Rossi

and Angelina Malchiocci

born in Myrtle, Mass.

(CITY)

(STATE)

on the 16 day of Sept. 19 18

was **Baptized**

on the 7 day of Sept. 19 19

According to the Rite of the Roman Catholic Church
by the Rev. James P. O'Leary

the Sponsors being { August Delarche
Constantina Rossi

as appears from the Baptismal Register of this Church.

Dated July 18, 1961

Henry Murphy
Pastor

Saint Anne's Church
Boston Road
Southborough, Massachusetts

TO WHOM IT MAY CONCERN:

This is to certify that our baptismal
records show Mrs. Baldelli's maiden name
to be Elizabeth Augustina Rossi


Rev Thomas J. Carberry

book 2 page 67

April 26, 1969

Comune di VIGOLZONEUFFICIO DI STATO CIVILE
CERTIFICATO DI NASCITA

ANNOTAZIONI

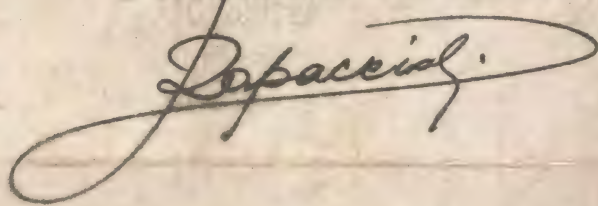
La contronominata Malchiodi Angela
addì 12 gennaio 1896 si maritò in
Rivergaro con Assi Pietro come da atto
n. 4 iscritto nel relativo registro.

Il sottoscritto Ufficiale di Stato Civile del Comune di
VIGOLZONE certifica che dal registro degli atti di nascita
dell'anno mille ottocento settantasei serie A
vol. Unico parte I n. 71 risulta che
nel giorno Venti del mese di giugno
milleottocentosettantasei è nato
in Vigolzone
Malchiodi Angela
da su Antonio
e da Magistrati Rosa

Rilasciato in carta libera per liquidazione di pensione.

VIGOLZONE addì 13 SET. 1950

L'UFFICIALE DI STATO CIVILE

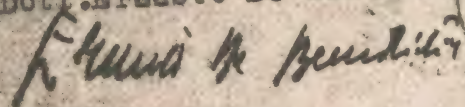


Visto per la legalizzazione della firma del
Sig. Rapaccioli Roberto
Ufficiale di Stato Civile di Vigolzone

Rivergaro addì 15 Settembre 1950

IL PRETORE

(Dott. Ernesto De Benedetti)



CASA EDITRICE P. APOLLONIO & C.



1 PLACE OF BIRTH { Worcester (County) Southborough (City or Town) }		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(City or Town making this return) Registered No. Deposition No.	
NO.		Cherry.... STREET.....		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>Elizabeth Rossi</u>					
3 Sex <u>F</u>	4 { (a) Twin, triplet or other If plural Births { (b) Number, in order of birth	5 Born <u>ALIVE</u> or STILLBORN <u>Alive</u>	6 Date of Birth <u>Sept. 16, 1918</u> (Month) (Day) (Year)		
7 FATHER FULL NAME <u>Peter Rossi</u>			13 MOTHER MAIDEN NAME <u>Angelina Malekobi</u> PRESENT NAME <u>Angelina Rossi</u>		
8 RESIDENCE, NO. <u>Cherry</u> STREET (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>			14 RESIDENCE, NO. <u>Cherry</u> STREET (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>		
9 COLOR OR RACE <u>White</u>		10 AGE AT TIME OF BIRTH OR ADOPTION <u>---</u> (Years)		16 AGE AT TIME OF BIRTH OR ADOPTION <u>---</u> (Years)	
11 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)		17 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)			
12 OCCUPATION <u>Laborer</u> (At time of birth or adoption)		18 OCCUPATION <u>House-wife</u> (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT <u>J. Lowell Bacon, Physician</u> (Name) (Physician, parent or other, etc.) ADDRESS NO. <u>Latisquama</u> ST., <u>Southborough</u> (City or Town)					
20 Original Return Received <u>Sept. 17, 1918</u> (Month) (Day) (Year)			21 Original Record: Vol. <u>3</u> Page <u>36</u> No. <u>26</u>		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Town</u> of <u>Southborough</u> , in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town) Chapter 46, Section 13, this <u>23rd</u> day of <u>October</u> , 19 <u>17</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					

John J. Baker
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Viola Rossi in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Angeline Rossi

Cherry St. Southborough

Mother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Certificate of Baptism

Date, October 23, 1947

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by her are true.

Name

John J. Babeni

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Certificate of Baptism



Church of

St. Anne
Southboro, Mass.

This is to Certify

That.....*Elizabeth Rossi*.....

Child of.....*Peter Rossi*.....

and.....*Angelina Malekobi*.....

Born in.....*Fayville, Mass.*.....on the

.....*16*.....day of.....*Sept*.....*1918*.....was Baptized

on the.....*7*.....day of.....*Sept*.....*1919*.....

According to the Rite of the Roman Catholic Church

by the Rev.....*James P. Curran*.....

the Sponsors being.....*August Delade*.....

and.....*Constantina Rossi*.....

As appears from the Baptismal Register of this Church.

Dated.....*Sept. 13, 1947*.....

Rev. Patrick E. Long.....Pastor

Certificate of Baptism



THIS IS TO CERTIFY

That _____
of the _____
County of _____
State of _____
was lawfully baptized
on the _____ day of _____
A.D. 19____
at _____
by _____
Minister of the Gospel.

Witness my hand and the seal of the
Church of _____
this _____ day of _____
A.D. 19____

Pastor

Clerk



Going therefore, teach ye all nations; baptizing
them in the name of the Father, and of the
Son, and of the Holy Ghost.

Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That Elizabeth A. Rossi
The Son } of Peter Rossi
The Daughter }
and Angelina Malchabio
born in _____ on Sept. 16 1918

CITY _____
was Baptized on Sept. 7 1919 in the Church of
St. Anne, Southboro
CITY _____

according to the Rite of the Roman Catholic Church

by Rev. Joseph P. Civan

Sponsors were August Delandro

and Constantina Rossi

as recorded in the Baptismal Register of this church.



SEAL OF CHURCH

John D. Thomas Pastor
and

Date Aug. 14, 1956

Symbol—The fishes, or souls of the faithful, seek Baptism at
font, then enter basket, or Church.

NOTATIONS

FIRST
COMMUNION

Four horizontal lines for notation, grouped by a right-facing curly brace on the left.

CONFIRMATION

Four horizontal lines for notation, grouped by a right-facing curly brace on the left.

MARRIAGE

Four horizontal lines for notation, grouped by a right-facing curly brace on the left.

SUBDIACONATE

Four horizontal lines for notation, grouped by a right-facing curly brace on the left.

RELIGIOUS
PROFESSION

Four horizontal lines for notation, grouped by a right-facing curly brace on the left.


EDWARD BERNI

10/22/1918

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-932278

1 PLACE OF BIRTH		Worcester (County)		Southborough (City or Town)				The Commonwealth of Massachusetts KEVIN H. WHITE SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		(City or Town making this return) Registered No. Deposition No. <u>#3</u>	
No.		STREET		WARD		{(If birth occurred in a hospital or institution, give its NAME instead of street and number)}					
2 FULL NAME OF CHILD <u>Edward Berni</u>											
3 Sex <u>M</u>		4 <u>W</u> If plural Births		{ (a) Twin, triplet or other..... (b) Number, in order of birth.....		5 Total number of children born alive previous to this birth.....		6 Date of Birth <u>October 22, 1918</u> (Month) (Day) (Year)			
7 FATHER FULL NAME <u>Lazarus Berni</u>						13 MOTHER MAIDEN NAME <u>Flora Turbi</u> PRESENT NAME					
8 RESIDENCE, NO. STREET CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>						14 RESIDENCE, NO. STREET CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>					
9 COLOR OR RACE <u>White</u>				10 AGE (YEARS)		15 COLOR OR RACE <u>White</u>				16 AGE (YEARS)	
11 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)						17 PLACE OF BIRTH <u>Italy</u> (City or Town) (State or Country)					
12 OCCUPATION <u>Laborer</u>						18 OCCUPATION					
19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.) ADDRESS NO. ST., (City or Town)											
20 Original Return Received <u>October 24, 1918</u> (Month) (Day) (Year)						21 Original Record: Vol. Page No.					
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Town</u> of <u>Southborough</u> , in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town) Chapter 46, Section 13, this <u>2nd</u> day of <u>November</u> 19 <u>66</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. <u>George A. Burke</u> (Registrar)											

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

State of California
The Commonwealth of Massachusetts }
County of SACRAMENTO } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Charles Berni in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state First name incorrect and spelling of
father's first name incorrect
Item(s) 2 & 7 and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by him on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

Edward F Berni

RESIDENCE

(City or town, street and number, if any)

Sacramento Calif.
5541 Alcott St.

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Baptismal record

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by him are true.

Date, 11-10-27-1966

Name

Official designation My Commission Expires May 4, 1969

Notary Public



DONNY LEE SINGLETERRY
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne
Southboro Mass

✠ This is to Certify ✠

That Edward Beebe

Child of Samuel Beebe

and Flores Turbi

born in Southboro Mass
(CITY) (STATE)

on the 22nd day of Oct 1918

was **Baptized**

on the 1st day of June 1919

According to the Rite of the Roman Catholic Church
by the Rev. P. H. Boland

the Sponsors being { Dominic Marcetti
Angelina Garzali

as appears from the Baptismal Register of this Church.

Dated Oct 26, 1966

Thomas Carberry
Pastor

LENA BERTONASSI

10/22/1918

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25M-4-59-925100

1 PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)
 No. STREET WARD



The Commonwealth of Massachusetts
 JOSEPH D. WARD
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH

Southborough
 (City or Town making this return)

Registered No.

Deposition No. 421 #4

2 FULL NAME OF CHILD Lena Louise Bertonassi

3 Sex F 4 If plural Births { (a) Twin, triplet or other..... 5 Born ALIVE or STILLBORN 6 Date October 22, 1918
 3a Color W (b) Number, in order of birth..... of Birth (Month) (Day) (Year)

7 FATHER
 FULL NAME Massimo Bertonassi

13 MOTHER
 MAIDEN NAME Albina Berni
 PRESENT NAME Albina Bertonassi

8 RESIDENCE, NO. STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White 10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)

15 COLOR OR RACE White 16 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer
 (At time of birth or adoption)

18 OCCUPATION
 (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT J. Lowell Bacon
 (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., Southborough, Mass.
 (City or Town)

20 Original Return Received October 29, 1918 21 Original Record: Vol. Page No.
 (Month) (Day) (Year)

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)
7th day of January 1966, and a copy of these corrections and affidavit
 Chapter 46, Section 13, this..... has been transmitted to the Secretary of the Commonwealth.

Albina Berni → Burke
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
(no name given) in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

<u>Louise Bertoni</u>	<u>"Baldelli"</u>	<u>Daughter</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Certificate of Baptism

Date, January 7, 1966

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her are true.

Name Leonard Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne
Southboro

— This is to Certify —

That Lena Laine Butonassi
Child of Massimo Butonassi
and Albina Ricci

born in Mass

(CITY)

(STATE)

on the 22nd day of October 1918

was **Baptized**

on the 1st day of Nov. 1918

According to the Rite of the Roman Catholic Church
by the Rev. P. H. Boland

the Sponsors being { Louis Butonassi
Caroline Ricci

as appears from the Baptismal Register of this Church.

Dated Dec 28, 1961

Thomas J. Kelley
Pastor

CAROLYN SMITH


11/15/1918

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-37. No. 1859-d.

1 PLACE OF BIRTH MIDDLESEX (COUNTY) FRAMINGHAM (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(CITY OR TOWN MAKING THIS RETURN)	
NO. _____ STREET _____ WARD _____				Registered No. _____ Deposition No. #5	
2 FULL NAME OF CHILD Carolyn Louise Smith					
3 Sex 7	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN alive	6 Date of Birth Nov. 15 1918	(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3a Color W	(b) Number, in order of birth				
7 FATHER FULL NAME Erwin Lee Smith			13 MOTHER MAIDEN NAME Susie Brewer PRESENT NAME Susie Smith		
8 RESIDENCE, No. Turnpike Rd. STREET CITY OR TOWN Southboro STATE Mass.			14 RESIDENCE, No. Turnpike Rd. STREET CITY OR TOWN Southboro STATE Mass.		
9 COLOR OR RACE white		10 AGE AT LAST BIRTHDAY 23 (YEARS)		15 COLOR OR RACE white	
11 PLACE OF BIRTH Lowell Mass. (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY 30 55 (YEARS)			
17 PLACE OF BIRTH Southboro Mass. (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION Housewife			
19 ATTENDANT AT BIRTH OR INFORMANT Dr. J. Lowell Bacon. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)					
ADDRESS No. Latisguana Rd. STREET Southboro (CITY OR TOWN)					
20 Original return received (Month) (Day) (Year)			21 Original Record: Vol. _____ Page _____ No. _____		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the _____ of _____, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this _____ day of _____ 19_____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } SS.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Caroline Louise Smith in the Town of Southboro,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Eusie Smith</u>	<u>Turnpike Rd. Southboro</u>	<u>Mother</u>

FURTHER, The written evidence submitted to substantiate the affidavit was:

First School Record.

Date, January 31, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Margaret M. McNamee

Official designation Notary Public
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

This is to certify that Carolyn Smith
was enrolled in Grade One
Fayville School, Southboro, Mass.
September 2, 1924.

Margaret Neary
Teacher.

ERNEST MINNUCCI

10/17/1919

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD.
 N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.
 See reverse side for affidavit.

50m-(c)-1-45-15510

1 PLACE OF BIRTH Worcester (County) Southborough (City or Town) NO. Grove STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(City or Town making this return) Registered No. Deposition No. #1	
2 FULL NAME OF CHILD Ernest Henry Minnucci					
3 Sex M	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	
3a Color W		(b) Number, in order of birth	Alive	Oct. 17, 1919	(Month) (Day) (Year)
7 FATHER FULL NAME Ignazio Minnucci			13 MOTHER MAIDEN NAME Antonietta Giove PRESENT NAME Antonietta Minnucci		
8 RESIDENCE, NO. Grove STREET (At time of birth or adoption)			14 RESIDENCE, NO. Grove STREET (At time of birth or adoption)		
CITY OR TOWN Southborough STATE Mass.			CITY OR TOWN Southborough STATE Mass.		
9 COLOR OR RACE White		10 AGE AT TIME OF BIRTH OR ADOPTION 38 (Years)		15 COLOR OR RACE White	
11 PLACE OF BIRTH Italy (City or Town) (State or Country)		16 AGE AT TIME OF BIRTH OR ADOPTION 34 (Years)		17 PLACE OF BIRTH Italy (City or Town) (State or Country)	
12 OCCUPATION Laborer (At time of birth or adoption)			18 OCCUPATION Housewife (At time of birth or adoption)		
19 ATTENDANT AT BIRTH OR INFORMANT Dr. Clyde Merrill (Name) (Physician, parent or other, etc.)					
ADDRESS NO. Mechanic ST. Marlborough, Mass. (City or Town)					
20 Original Return Received Nov. 8, 1919 (Month) (Day) (Year)			21 Original Record: Vol. 4 Page 1 No.		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town Southborough of Southborough (Name of City or Town) Chapter 46, Section 13, this 14 day of February 1952, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. John J. Rabeni (Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of name omitted in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by them on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Gennario Minnacci</u>	<u>Southborough</u>	<u>father</u>
<u>Mrs Antonetta Minnacci</u>	<u>Southborough</u>	<u>mother</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Certificate of Baptism

Date, February 14, 1952

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by them are true.

Name John J. Rabeni

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne

Southboro, Mass.

— This is to Certify —

That Ernest Henry Minnucci

Child of Ignazio Minnucci

and Antonietta Gione

born in Southboro Mass.

on the 17th (CITY) day of October 19 19 (STATE)

was **Baptized**

on the 14th day of November 19 20

According to the Rite of the Roman Catholic Church

by the Rev. James P. Curran

the Sponsors being { Nicola Cocci
Maria Cocci

as appears from the Baptismal Register of this Church.

Dated March 16, 1952

Thomas J. Markey
Asst. Pastor

CARL BERTONASSI

11/15/1919

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-4-59-925100

1 PLACE OF BIRTH
Worcester
 (County)
Southborough
 (City or Town)



The Commonwealth of Massachusetts
 JOSEPH D. WARD
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

(City or Town making this return)

Registered No.

Deposition No. ~~7~~ #2

No. STREET WARD {If birth occurred in a hospital or institution,
 (give its NAME instead of street and number)

2 FULL NAME OF CHILD Carl Bertonassi

3 Sex <u>M</u>	4 If plural Births {	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>November 15, 1919</u>
3a Color <u>W</u>	(b) Number, in order of birth.....			(Month) (Day) (Year)

7 FATHER
 FULL NAME Massimo Bertonassi
 RESIDENCE, NO. Southborough STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

13 MOTHER
 MAIDEN NAME Albina Bernie
 PRESENT NAME Albina Bertonassi
 RESIDENCE, NO. Southborough STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White
 10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)
 11 PLACE OF BIRTH (City or Town) (State or Country)

15 COLOR OR RACE
 16 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)
 17 PLACE OF BIRTH (City or Town) (State or Country)

12 OCCUPATION (At time of birth or adoption)

18 OCCUPATION (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received November 19, 1919 21 Original Record: Vol. Page 2 No. 23
 (Month) (Day) (Year)

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 16th day of November 19 59, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Albina Bertonassi
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Charlie Bertonassi in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Carl Bertonassi

498 Berlin Road,
Marlboro, Mass.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record -

Date, November 16, 1959

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name

Eleanor F. Burke

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost.

Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That Carl Bertomassi
The Son } of Massima Bertomassi
The Daughter } and Albina Bernier

born in Bayreuth, Mass. on Nov. 15 1919

was Baptized on Apr. 4 1920 in the Church of St. Anna, Southboro, Mass.
CITY

according to the Rite of the Roman Catholic Church

by Rev. James P. Curran

Sponsors were August Dalarda

and Marie Bavari

as recorded in the Baptismal Register of this church.



SEAL OF CHURCH

Henry P. Murphy Pastor

Date Sept. 3, 1958.

Symbol—The fishes, or souls of the faithful, seek Baptism at font, then enter basket, or Church.

FERNANDO BALDELLI

3/12/1919

PLACE OF BIRTH

WORCESTER

(County)
SOUTHBOROUGH

(City or Town)

No. Cordaville Road



DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. #3

STREET (If birth occurred in a hospital or institution,
(give its NAME instead of street and number)

2 FULL NAME OF CHILD..... FERNANDO A. BALDELLI

3 Sex M

3a Color W

4

If plural
Births

(a) Twin, triplet or other.....

(b) Number, in order of birth.....

5 Total number of children born

alive previous to this birth.....

6 Date

March 12, 1919

3rd of Birth

(Month) (Day) (Year)

7

FULL
NAME

Eugenio Baldelli

FATHER

13

MAIDEN
NAME

Filimina Salphilip

MOTHER

PRESENT
NAME

Filimina Baldelli

8

RESIDENCE, NO.

Cordaville Rd.

STREET

CITY OR TOWN

Southborough

STATE Mass.

14

RESIDENCE, NO.

Cordaville Rd.

STREET

CITY OR TOWN

Southborough

STATE Mass.

9

COLOR
OR RACE

White

10

AGE

30

(YEARS)

15

COLOR
OR RACE

White

16

AGE

26

(YEARS)

11

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

17

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

Housewife

19 ATTENDANT AT BIRTH OR INFORMANT.....

J. Lowell Bacon

Physician

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.

Southborough

(City or Town)

20 Original Return Received

March 18, 1919

(Month)

(Day)

(Year)

21 Original Record: Vol.

1919-

Page

No.

#6

1930

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

of

Southborough

(City or Town)

(Name of City or Town)

19

82

Chapter 46, Section 13, this 11th day of August, and a copy of these corrections and affidavit
has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry

(Clerk of Registrar Town Clerk)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK
TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of WORCESTER } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Ferdinda Bodelli in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state First, Middle Initial and Last name, also, Fathers
first and last name.
Item(s) 2 & 7, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by him on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

<i>Fernando A. Baldelli</i>	<i>182 Cordaville Rd Southboro</i>	<i>Self</i>
-----------------------------	------------------------------------	-------------

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Full name on Certificate of Baptism is Fernando A. Baldelli,
First and Last name of Father on Brothers birth Certificate,
Henry Dominic Baldelli, who was born on October 20, 1914 is spelled,
Eugwnio Baldelli. (Which are on file in the office of the Town Clerk)

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by him are true.

Date, August 11, 1982

Name Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southborough, Ma

— This is to Certify —

That Fernando A. Baldelli
Child of Eugenio Baldelli
and Ferrina Serfilippi
born in Southborough Ma
(CITY) (STATE)
on the 12 day of March 1919

was
Baptized
on the 17 day of August 1919

According to the Rite of the Roman Catholic Church
by the Rev. James P. Curran
the Sponsors being Angelo Tomascini
Eliza Gunga
as appears from the Baptismal Register of this Church.

Dated August 6, 1982

Rev John-Paul Fontaine
Pastor

Notations

FIRST COMMUNION

{ Date _____
Church _____
Place _____

CONFIRMATION

{ Date _____
Church _____
Place _____

MARRIAGE(S)

{ To Chene Bertozzi
Date November 8 1947
Church St. Anne Southborough, M.
Place by Rev Patrick E. Long

DIACONATE

{ Date _____
Church _____
Place _____

RELIGIOUS
PROFESSION

{ Date _____
Order _____
Place _____

HAROLD FAY

3/21/1920

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m (d)-1-41-4695

See reverse side for affidavit.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. #1

1 PLACE OF BIRTH (County)
(City or Town)
NO. STREET WARD { (If birth occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME OF CHILD. Harold Fay

3 Sex <u>m</u>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>March 21, 1920</u> (Month) (Day) (Year)
3a Color	(b) Number, in order of birth.			

7 FATHER
FULL NAME Dominick Fay

8 RESIDENCE, NO. Pleasant STREET
(At time of birth or adoption)
CITY OR TOWN Fairville STATE Mass.

9 COLOR white 10 AGE AT TIME OF BIRTH OR ADOPTION 37 (YEARS)

11 PLACE OF BIRTH Luzenzola Italy
(City or Town) (State or Country)

12 OCCUPATION meat packer
(At time of birth or adoption)

13 MOTHER
MAIDEN NAME Delina (De Plozzin)
PRESENT NAME Fay

14 RESIDENCE, NO. Pleasant STREET
(At time of birth or adoption)
CITY OR TOWN Fairville STATE Mass.

15 COLOR white 16 AGE AT TIME OF BIRTH OR ADOPTION 31 (YEARS)

17 PLACE OF BIRTH Marino Italy
(City or Town) (State or Country)

18 OCCUPATION housewife
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Dr. Herman
(Name) (Physician, parent or other, etc.)
ADDRESS NO. ST. Framingham Mass.
(City or Town)

20 Original Return Received March 31, 1920
(Month) (Day) (Year)

21 Original Record: Vol. Page. No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town
Southham of Southham
(City or Town) (Name of City or Town)

Chapter 46, Section 13, this day of 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Cecilia L. Rambouh
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Harold F. Azza in the town of Southboro,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by _____ on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Enice Cibelli

Southboro Mass.

Sister

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Record.

Date, Aug 31, 1943

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Margaret F. McDaniel

Official designation Assistant Town Clerk
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Baptismal Certificate

CHURCH OF

St Anne

Southboro Mass

Name Harold H. Fay

Child of Dominick Fay

and Delina (DiPierri) Fay

Born Mar. 21 1920

was Baptized May 30 1920

According to the Rite of the Roman Catholic Church

By Rev. James Curran

Sponsors

Tullio DiSorda

Anna Tespi

As appears from the Baptismal Register of this Church.

Dated July 31 1943

W. R. Brophy

Rector

RENA TEBALDI
9/24/1921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

Form R 7-20M-9-76-129091

PLACE OF BIRTH

(County)

(City or Town)

No.



DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No.

STREET {If birth occurred in a hospital or institution,
give its NAME instead of street and number}

2 FULL NAME OF CHILD.....

3 Sex

4

3a Color

If plural
Births

(a) Twin, triplet or other.....

(b) Number, in order of birth.....

5 Total number of children born

alive previous to this birth.....

6 Date

of Birth

(Month)

(Day)

(Year)

7

FULL
NAME

FATHER

13

MAIDEN

NAME

PRESENT

NAME

MOTHER

8

RESIDENCE, NO.

STREET

CITY OR TOWN

STATE

9

COLOR
OR RACE

10

AGE(YEARS)

11

PLACE
OF BIRTH

(City or Town)

(State or Country)

12

OCCUPATION

14

RESIDENCE, NO.

STREET

CITY OR TOWN

STATE

15

COLOR
OR RACE

16

AGE(YEARS)

17

PLACE
OF BIRTH

(City or Town)

(State or Country)

18

OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT.....

(Name)

(Physician, parent or other, etc.)

ADDRESS NO,

ST.,

(City or Town)

20 Original Return Received

(Month)

(Day)

(Year)

21 Original Record: Vol.PageNo.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

(City or Town)

of

(Name of City or Town)

Chapter 46, Section 13, this.....day of.....
has been transmitted to the Secretary of the Commonwealth.

and a copy of these corrections and affidavit

(Clerk or Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of.....

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

.....in the.....of.....
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state.....

Item(s)....., and that the true statement of facts omitted or incorrectly stated in said record has been supplied by.....on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Augusta Tebaldi	85 Marlboro Rd Southboro	Mother
Leonio Tebaldi	85 Marlboro Rd Southboro	Father

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:.....

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by.....are true.

Date, 7, 1978

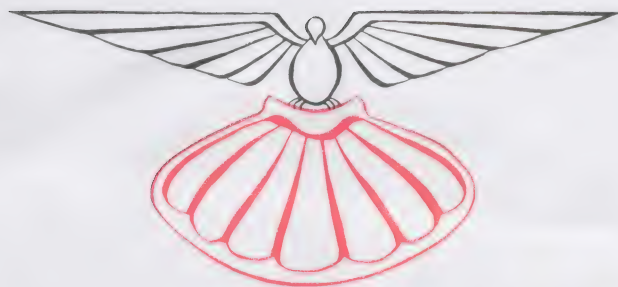
Name.....

Official designation.....

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.



Baptismal Certificate

Rena Hilda Tebaldi
child of Terenzio Tebaldi and
Augusta Facondini
born on Sept. 24, 1921
place _____

was reborn of water and the Holy Spirit as a
child of God at the Sacred font of Baptism

on June 25, 1922 in _____

St. Anne's Church

20 Boston Rd.

Southboro, Mass. 01772

by the Reverend James P. Curran

Godfather Tony Bartolini

Godmother Maria Bartolini

issued by Philip Santonoci date March 6, 1978

TRANSLATION of MARRIAGE CERTIFICATE
of
TERENZIO TEBALDI and AUGUSTA FACONDINI

(Seal)

TOWN OF PESARO

Civil Status

1 402670

Husband and Wife

TERENZIO TEBALDI
AUGUSTA FACONDINI

Marriage celebrated in Pesaro, on June 10, 1920
Act Number 163 Part I

Notice

This booklet is to be presented at the Office of Civil Status every time declarations are to be made for the execution of legal documents.

It must be carefully kept, being of much value in the request for documents.

Husband:- TERENCE TEBALDI, son of the deceased Luigi and of Zeffirina Pucci; occupation, Laborer

Wife:- AUGUSTA FACONDINI, daughter of Giovanni and of Maria Carloni; occupation, Peasant.

TOWN OF PESARO

Numbers 24-4118 / 27-5029

The Mayor
(Signed) Silvio Guccio

(Seal of the Town of Pesaro,
Office of Civil Status)

FAMILY SITUATION:

Surname and name. TEBALDI TERENCE: born; January 25, 1895 in Pesaro; Register Part I, Number 72: Family relationship; Head of the Family.

Surname and name: FACONDINI AUGUSTA: born; October 28, 1897 in Pesaro; Register Part I, Number 55: Family relationship; Wife.

TRANSLATOR'S STATEMENT

Suffolk SS
Commonwealth of Massachusetts

This is to certify that the above translation from Italian into English of the Marriage Certificate of Terenzio Tebaldi and Augusta Facondini is true and correct and conforms to the original herewith attached, to the best of my knowledge and ability.

Boston, Massachusetts, January 28, 1942.

Romario E. Guccio
Notary Public

TRANSLATION of MARRIAGE CERTIFICATE
of
TERENZIO TEBALDI and AUGUSTA FACONDINI

(Seal)

TOWN OF PESARO

Civil Status

1 402670

Husband and Wife

TERENZIO TEBALDI
AUGUSTA FACONDINI

Marriage celebrated in Pesaro, on June 10, 1920
Act Number 163 Part I

Notice

This booklet is to be presented at the Office of Civil Status every time declarations are to be made for the execution of legal documents.

It must be carefully kept, being of much value in the regard for documents.

Husband:- TERENZIO TEBALDI, son of the deceased Luigi and of Gelfirina Pucci; occupation, Laborer

Wife:- AUGUSTA FACONDINI, daughter of Giovanni and of Maria Carloni; occupation, Peasant.

TOWN OF PESARO

Numbers 24-4118 / 27-5029

The Mayor
(Signed) Silvio Guccio

(Seal of the Town of Pesaro,
Office of Civil Status)

FAMILY SITUATION:

Surname and name. TEBALDI TERENZIO: born; January 25, 1895 in Pesaro; Register Part I, Number 72: Family relationship; Head of the Family.

Surname and name: FACONDINI AUGUSTA: born; October 28, 1897 in Pesaro; Register Part I, Number 55: Family relationship; Wife.

TRANSLATOR'S STATEMENT

Suffolk SS
Commonwealth of Massachusetts

This is to certify that the above translation from Italian into English of the Marriage Certificate of Terenzio Tebaldi and Augusta Facondini is true and correct and conforms to the original herewith attached, to the best of my knowledge and ability.

Boston, Massachusetts, January 28, 1942.

Francis E. Guccio
Notary Public

MARJORIE NICHOLS

2/4/1921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-37. No. 1859-d

1 PLACE OF BIRTH (COUNTY) _____ (CITY OR TOWN) _____ NO. _____ STREET _____ WARD _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>Margorie Eleanor Nichols</u>			
3 Sex <u>+</u>	4 (a) Twin, triplet or other _____	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>Feb. 4 1921</u> (MONTH) (DAY) (YEAR)
3a Color <u>N.</u>	If plural Births (b) Number, in order of birth _____		
7 FULL NAME FATHER <u>Charles S. Nichols</u>		13 MAIDEN NAME MOTHER <u>Florence L. Jones</u> PRESENT NAME <u>Florence L. Nichols</u>	
8 RESIDENCE No. <u>Central</u> STREET _____ CITY OR TOWN <u>Fayville</u> STATE <u>Mass.</u>		14 RESIDENCE No. <u>Central</u> STREET _____ CITY OR TOWN <u>Fayville</u> STATE <u>Mass.</u>	
9 COLOR OR RACE <u>N.</u>	10 AGE AT LAST BIRTHDAY <u>34</u> (YEARS)	15 COLOR OR RACE <u>N.</u>	16 AGE AT LAST BIRTHDAY <u>30</u> (YEARS)
11 PLACE OF BIRTH <u>Salem</u> <u>Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>Fayville</u> <u>Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION <u>train man</u>		18 OCCUPATION <u>House wife</u>	
19 ATTENDANT AT BIRTH OR INFORMANT <u>P. S. Morse</u> (NAME)		<u>M. D.</u> (PHYSICIAN, PARENT OR OTHER, ETC.)	
ADDRESS No. <u>49 Lexington</u> STREET <u>Frammingham</u> (CITY OR TOWN)			
20 Original return received <u>May 7 - 1921</u> (Month) (Day) (Year)		21 Original Record: Vol. _____ Page _____ No. _____	
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the _____ of _____, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <u>7th</u> day of <u>February</u> 19 <u>21</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.			

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } SS.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Marion Eleanor Nichols in the town of Southboro,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

<u>Florence L. Nichols</u>	<u>Central St. Fayville</u>	<u>Mother</u>
<u>Florence L. Nichols</u>		

FURTHER, The written evidence submitted to substantiate the affidavit was:

Nothing in line 2 with exception

Date, February 7 - 1941

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Charles L. Fairbanks

Official designation Notary Public
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

ELEANOR BORELLI

4/12/1921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

For making copy of form R-7 to be sent to the city or town clerk of the place of residence of the parents at the time of birth, if a copy of the original record had been so sent.

10M - 3 - 72 - 051299

1		PLACE OF BIRTH Middlesex (County) Framingham (City or Town) No. Framingham Hospital	The Commonwealth of Massachusetts JOHN F. X. DAVOREN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS COPY OF AFFIDAVIT and CORRECTION OF A RECORD OF BIRTH		Framingham (City or Town making this return) Registered No. 159 Deposition No. 1102	
2 FULL NAME OF CHILD Eleanor Borelli						
3 Sex W	4 If plural Births	(a) Twin, triplet or other.....	5 Total number of children born	6 Date April 12, 1921		
3a Color		(b) Number, in order of birth.....	alive previous to this birth.....	of Birth	(Month)	(Day)
7 FATHER FULL NAME Lu Borelli			13 MOTHER MAIDEN NAME Rose Fay PRESENT NAME Rose Borelli			
8 RESIDENCE, NO. STREET CITY OR TOWN Southboro STATE Mass.			14 RESIDENCE, NO. STREET CITY OR TOWN Southboro STATE Mass.			
9 COLOR OR RACE		10 AGE	15 COLOR OR RACE		16 AGE	
		(YEARS)			(YEARS)	
11 PLACE OF BIRTH Italy (City or Town) (State or Country)			17 PLACE OF BIRTH Italy (City or Town) (State or Country)			
12 OCCUPATION Laborer			18 OCCUPATION Housewife			
19 ATTENDANT AT BIRTH OR INFORMANT J. L. Bacon, M.D. (Name) (Physician, parent or other, etc.) ADDRESS NO. ST., Framingham (City or Town)						
20 Original Return Received April 18, 1921 (Month) (Day) (Year)			21 Original Record: Vol. 6 Page 48 No. 159			
22 RECEIVED Town Jan 23, 1979 (Month) (Day) (Year)			23 RECEIVED 1-26-79 (Month) (Day) (Year)			
Registrar of City or Town where birth occurred			Paula S. Berry, Registrar of City or Town where parents reside			

COPY OF DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of.....**Middlesex**.....

SS.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

Eleanor Borelli in the town of **Framingham**,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state.....**first name**.....

Item(s).....²....., and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by.....on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

s/Eleanor Borelli Tusia

**20 Mulberry Lane
Ashland, Mass.**

self

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

**Letter from Ashland Public School stating that she
entered the first grade with the name of Eleanor
Borelli.**

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by.....are true.

Date, **Jan 23, 1979**

Name **Michael J. Ward**

Official designation **Town Clerk**
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

HENRY PROSPERI

4/2/1921


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(C)-1-45-15510

See reverse side for affidavit.

1 PLACE OF BIRTH		Worcester (County)				Southborough (City or Town making this return)	
1		Southborough (City or Town)		AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No.	
NO.		Cherry		STREET		Deposition No. #2.....	
				WARD		{ (If birth occurred in a hospital or institution give its NAME instead of street and number)	
2 FULL NAME OF CHILD Harry A. Prosperi							
3 Sex M		4 If plural Births { (a) Twin, triplet or other. _____ (b) Number, in order of birth _____		5 Born ALIVE or STILLBORN Alive		6 Date of Birth April 2 1921 (Month) (Day) (Year)	
3a Color W							
7 FATHER FULL NAME Louis Prosperi				13 MOTHER MAIDEN NAME Elizabeth Masi PRESENT NAME Prosperi			
8 RESIDENCE, NO. Cherry St (At time of birth or adoption) STREET				14 RESIDENCE, NO. Cherry (At time of birth or adoption) STREET			
CITY OR TOWN Southboro STATE Mass				CITY OR TOWN Southboro STATE Mass.			
9 COLOR OR RACE white		10 AGE AT TIME OF BIRTH OR ADOPTION 28 (Years)		15 COLOR OR RACE white		16 AGE AT TIME OF BIRTH OR ADOPTION 22 (Years)	
11 PLACE OF BIRTH Italy (City or Town) (State or Country)				17 PLACE OF BIRTH Italy (City or Town) (State or Country)			
12 OCCUPATION Laborer (At time of birth or adoption)				18 OCCUPATION Housewife (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT J. Lowell Bacon, M.D. (Name) (Physician, parent or other, etc.)							
ADDRESS NO. Leticuama Road ST., Southborough (City or Town)							
20 Original Return Received April 6 1921 (Month) (Day) (Year)				21 Original Record: Vol. 4 Page 5 No.			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Southborough of _____, in accordance with the provisions of Gen. Laws, (City or Town) 5th (Name of City or Town) January 54 Chapter 46, Section 13, this _____ day of _____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
Worcester } ss.:
County of.....

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Ervin Prosperi in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

<u>Ervin Prosperi</u>	<u>South St Southboro</u>	<u>Father</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was:

Baptismal record (Attached)

Date, January 5th 1954

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by him are true.

Name Frances E. Ralston

Official designation Asst Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

ST. ANNE'S

SOUTHBORO

— This is to Certify —

That HARRY A. PROSPERI

Child of LOUIS PROSPERI

and ELIZABETH MAGI

born in FAYVILLE
(CITY)

MASS.
(STATE)

on the 2 day of APRIL 19 21

was **Baptized**

on the 15 day of MAY 19 21

According to the Rite of the Roman Catholic Church

by the Rev. JAMES P. CURRAN

the Sponsors being { JOSEPH PROSPERI
LENA MELO

as appears from the Baptismal Register of this Church.

Dated JULY 7, 1953

Rev. Patrick E. Long
Pastor

HENRY GINGA

9/30/1921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

20M-11-68-948459

See reverse side for affidavit.

1 PLACE OF BIRTH
 {
 Worcester
 (County)
 Southborough
 (City or Town)
 No.



The Commonwealth of Massachusetts
 JOHN F. X. DAVOREN
 SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southborough

(City or Town making this return)

Registered No. #20

Deposition No. #51#3

STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Henry Charles Ginga

3 Sex
 3a Color

4
 If plural
 Births

(a) Twin, triplet or other.....

(b) Number, in order of birth.....

5 Total number of children born

alive previous to this birth.....

6 Date

of Birth September 30, 1921
 (Month) (Day) (Year)

7 FATHER

FULL NAME

Ercole Ginga

13 MOTHER

MAIDEN NAME

Elizabeth Dellacostanzo

PRESENT NAME

Elizabeth Ginga

8

RESIDENCE, NO. STREET

CITY OR TOWN Southborough Mass.
 STATE

14

RESIDENCE, NO. STREET

CITY OR TOWN Southborough Mass.
 STATE

9

COLOR OR RACE.....

10

41
 AGE (YEARS)

15

COLOR OR RACE.....

16

40
 AGE (YEARS)

11

PLACE OF BIRTH

Italy

(City or Town)

(State or Country)

17

PLACE OF BIRTH

Italy

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

18

OCCUPATION

Home

19 ATTENDANT AT BIRTH OR INFORMANT

R. S. Morse, Physician

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

ST.,

(City or Town)

20 Original Return Received

October 15, 1921

(Month)

(Day)

(Year)

21 Original Record: Vol.

1919-

1920

Page #5

No. #20

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town
 (City or Town)

of

Southborough

(Name of City or Town)

in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this 25th day of February
 has been transmitted to the Secretary of the Commonwealth.

Paul J. Berry, Town Clerk (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Andrea Charles Ginger in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state First & Last name

Item(s) 2 and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by Him on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

28 Main St.

Self

Southborough, Ma.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Last name of Father on Sister's Birth Certificate
(Mary Ginga) who was born on March 24, 1913 is spelled Ginga.

Full name on Baptismal Certificate is Henry Charles Ginga.

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by Him are true.

Date, February 25, 1977

Name

Paul J. Berry

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARCH 3, 1977
SOUTH BORO, MASS.

TOWN CLERK
SOUTH BORO MASS.

DEAR SIR:

I HEREBY NOTIFY YOU THAT
MY MOTHER + FATHER WERE
MARRIED IN ITALY AND THAT
THEIR MARRIAGE CERTIFICATE
IS UNAVAILABLE.

Henry Charles Linga
28 Main St
Southboro, Mass



Baptismal Certificate

Henry Charles Ninga
child of Ercole Ninga and
Elizabeth Dellzostanza
born on September 30, 1921
place _____

was reborn of water and the Holy Spirit as a
child of God at the Sacred font of Baptism

on January 1, 1922 in

St. Anne's Church

20 Boston Rd.

Southboro, Mass. 01772

by the Reverend James P. Curran

Godfather Nicogorio Fisticello

Godmother Augusta Fisticello

issued by Philip Santoro date Feb. 24, 1977

MARY MINNUCCI
12/7/1921

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-4-59-925100

1 PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)
 No. Grove STREET WARD



The Commonwealth of Massachusetts
 JOSEPH D. WARD
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

(City or Town making this return)

Registered No.

Deposition No. #12#4

AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH

{If birth occurred in a hospital or institution,
 give its NAME instead of street and number}

2 FULL NAME OF CHILD Mary Minnucci

3 Sex F	4 If plural Births {	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth Dec. 7, 1921
3a Color		(b) Number, in order of birth.....		(Month) (Day) (Year)

7 FATHER FULL NAME James Minnucci	13 MOTHER MAIDEN NAME Antoinetta Giove PRESENT NAME Antoinetta Minnucci
8 RESIDENCE, NO. Grove STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.	14 RESIDENCE, NO. Grove STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.
9 COLOR OR RACE White	15 COLOR OR RACE White
10 AGE AT TIME OF BIRTH OR ADOPTION 40 (YEARS)	16 AGE AT TIME OF BIRTH OR ADOPTION 35 (YEARS)
11 PLACE OF BIRTH Italy (City or Town) (State or Country)	17 PLACE OF BIRTH Italy (City or Town) (State or Country)
12 OCCUPATION Laborer (At time of birth or adoption)	18 OCCUPATION (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Clyde H. Merrill
(Name) (Physician, parent or other, etc.)ADDRESS NO. ST., Marlboro, Mass.
(City or Town)20 Original Return Received Dec. 20, 1921
(Month) (Day) (Year)

21 Original Record: Vol.PageNo.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town Southborough of Southborough
(City or Town) (Name of City or Town)

Chapter 46, Section 13, this 7th day of March 1962, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Charles F. Burke
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mary Minnucci in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE
Mary Minnucci Moore
Mary Minnucci Moore

RESIDENCE
(City or town, street and number, if any)
Kings Grant Road
Marlborough, Mass.

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal record

Date, March 7, 1962

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true

Name Thomas F. Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southborough, Mass.

— This is to Certify —

That Mary Apolonia Minnucci

Child of James Minnucci

and Antoinette Giove

born in Scarsdale, Mass.
(CITY) (STATE)

on the 7 day of Dec 19 21

was **Baptized**

on the 19 day of Oct. 19 24

According to the Rite of the Roman Catholic Church
by the Rev. James P. Curran

the Sponsors being { Alfred Petrone
Frank Petrone

as appears from the Baptismal Register of this Church.

Dated Feb 11, 1962

Henry P. Murphy
Pastor

Notations

FIRST COMMUNION

{ Date _____
Church _____
Place _____

CONFIRMATION

{ Date April 29, 1936.
Church St Anne
Place Dorchester Mass

MARRIAGE(S)

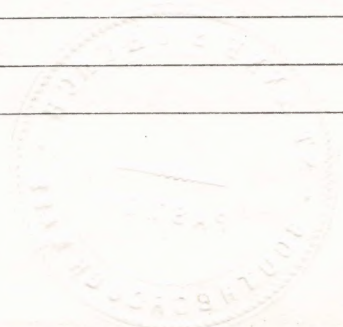
{ To _____
Date _____
Church _____
Place _____

SUBDIACONATE

{ Date _____
Church _____
Place _____

RELIGIOUS
PROFESSION

{ Date _____
Order _____
Place _____




JOSEPH FANTONY

12/23/1921

PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N. B. This form is not necessary in the return of births received prior to the last day
for transmittal of annual returns to this office.
See reverse side for affidavit.

5m-12-'32. No. 7070-c

1 PLACE OF BIRTH Middlesex (COUNTY) Framingham (CITY OR TOWN) Framingham Hospital NO. STREET WARD				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS Copy of Affidavit and Correction of a Record of Birth		Framingham (CITY OR TOWN MAKING THIS RETURN) Registered No. Deposition No. #2 #5	
2 FULL NAME OF CHILD Joseph Andrew Pantony							
3 Sex M	4 If plural Births	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN alive	6 Date of Birth	Dec. 23, 1921 (MONTH) (DAY) (YEAR)		
7 FULL NAME Charles Pantony	FATHER			13 MAIDEN NAME Mary E. Mitchell	MOTHER		
				PRESENT NAME Pantony			
8 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE				14 RESIDENCE, No. STREET CITY OR TOWN Southboro STATE			
9 COLOR OR RACE W	10 AGE AT LAST BIRTHDAY (YEARS)			15 COLOR OR RACE W	16 AGE AT LAST BIRTHDAY (YEARS)		
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Southboro, Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Mechanic				18 OCCUPATION h W			
19 Attendant at birth or informant Albert S. Owen (NAME) Address No. Framingham (CITY OR TOWN)							
20 Original return received (Month) (Day) (Year)				21 Original Record: Vol. Page No.			
22 RECEIVED 8/6/36 (MONTH) (DAY) (YEAR) W. A. Walsh				23 RECEIVED (MONTH) (DAY) (YEAR)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED				REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE			

COPY OF DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, by common usage, cannot be the basis for an amendment or correction of the original record.

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts {
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Joseph Andrew Fantony the town of Framingham,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Charles Fantony

RESIDENCE

(City or town, street and number, if any)

Southboro

Relation to child, if any

father

FURTHER, The evidence submitted to substantiate the affidavit was:

Baptismal record

Date, no

Then personally appeared before me the person Aug. 6, 1936 whose signature appear above and made
oath that the statements subscribed to by him are true.

Name Wm. J. Walsh

Official designation Town Clerk

(City or town clerk, assistant clerk or registrar)